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THE ROYAL COMMISSION ON VIOLENCE IN THE COMMUNICATIONS INDUSTRY

RESEARCH REPORT

INSTITUTIONALIZED POPULATIONS VIEWS ON VIOLENCE AND THE MEDIA

by
John C. Renner, Ph.D.
of
A.R.A. Consultants Ltd.

December, 1976

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The Views expressed in this report are those of the author and do not necessarily reflect those of the Royal Commission on Violence in the Communications Industry, whose conclusions will be presented in its Final Report.

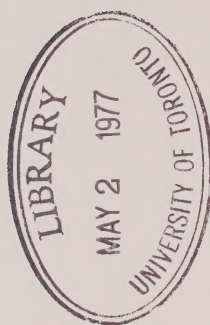


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THE ROYAL COMMISSION ON VIOLENCE
IN THE COMMUNICATIONS INDUSTRY

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INSTITUTIONALIZED POPULATIONS VIEWS

ON VIOLENCE AND THE MEDIA

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I - INTRODUCTION AND PURPOSE

In the welter of controversy surrounding the media violence issue, there are a few small pockets of mutual understanding and consensus. Both government review bodies and independent researchers have generally agreed, for example, that individuals who show signs of social maladjustment or mental instability might be more susceptible than the average person, to the various adverse effects of media violence.¹

BASIS FOR AGREEMENT

Decades of skillfully designed and executed research projects, or carefully constructed philosophical or scientific expositions, seem to have played a very minor role in creating this area of consensus concerning media effects. This is not surprising. The field of violence research has always generated more arguments than agreements. The media industry, reasonably enough, does not wish any further inroads established in the way of censorship or interference with their products. On the one hand, they feel that they have a social responsibility to maintain and protect the historical "freedom of the press". On the other hand, there are undoubtedly, to be considered, the profits generated through the interest and attention which the public accords portrayals of media violence.²

Perhaps the unchallenged agreement with the proposition that certain individuals in the population might be adversely affected by media violence reflects the perception that the proportion of the population which would fall into such a category is so small that few

people have bothered to challenge the existing consensus.

After all, alcohol is available to anyone who has the price in the age to purchase it. No one questions the fact that some purchasers will over-indulge to the point of physically or mentally destroying both themselves and their families. Presumably, if that proportion of the population should become significantly larger, or more markedly expensive to maintain and treat in society, some form of alcohol "censorship", or prohibition would probably be brought into effect.

Thus, even media supporters can afford to be generous in not taking serious issue with the proposition that media violence can have undesirable effects upon a very small proportion of people in the population.

As far as the opponents of media violence are concerned, there are so many other points which media spokesmen do not concede, that efforts have been concentrated in the areas of controversy.

THE MALADJUSTED

There are a few facts worth considering here. First, the terms "socially maladjusted" and "mentally disordered" are seldom used in any particularly precise manner. Probably the most pragmatic criteria used to define such a fringe population would be to study those who have been declared "criminals" or "mentally ill" and are institutionalized. While such populations are conveniently at hand, and are certainly clearly defined, it should be recognized that - as

representatives of their respective fringe groups - they are only the tip of a rather large iceberg.

How Many?

First, it must be recognized that most of the individuals who are now living in mental hospitals or prisons will be released, once again, into society. Many of these individuals will, once again, demonstrate their inability to fit into society in a sufficiently dramatic manner that they will be re-institutionalized. Many will continue to function at a marginally acceptable level.

Certainly, there are many people who will exhibit symptoms of mental disorder who will never see the inside of a mental institution. Field researchers have demonstrated that perhaps 15% of the general, non-hospitalized population exhibit sufficient symptoms of mental disorder that they should be receiving treatment.³ Most of these studies have demonstrated that at least 5% of the general population exhibits severely incapacitating symptoms of mental disorder and should be - but are not - hospitalized.

And what about criminals? Evidence suggests that there are many criminals who are never, or very seldom, caught. Who knows the number? Certainly there are more criminals than could be accounted for by merely counting the number of individuals who are incarcerated.

Add to the above populations the uncounted alcoholics and drug addicts. The total number of socially maladjusted or mentally disordered individuals in society looms larger and more significant than most of us at first imagine.

Another fact to consider is that much of the anti-social activity occurring in society is carried out by a very small number of individuals. As mentioned above, there is general agreement that media violence may "just" affect a small handful of disturbed people in society. That is hardly reason to disregard these people. After all, most of the day-to-day criminal, and otherwise offensive, acts are caused by a very small group of people.

Small Numbers,
Large Impact

Perhaps there is a tendency to think of such occurrences as urban riots as demonstrating the violence which lies just beneath the surface of every civilized individual. The data do not, however, substantiate such perceptions. Researchers have pointed out that:

"One of the outstanding features of the widespread urban riots which have recently swept through the United States is the relatively small amount of personal violence committed compared to the large number of people taking part in the riot. In the Watts Community of 330,000 there were only about 10,000; 37 people were killed and 118 were wounded by gun fire. . . .the riot atmosphere represents a powerful environmental influence on all those people taking part in the riot. The fact that so few people were killed or injured in these riots makes us believe that unusually strong control mechanisms were operating, both in the individual rioters and in the police and National Guard troops who sought to keep the riot under control."⁴

In short, a few people caused most of the trouble. To hold that media violence has its effects "only" on those few people who shows signs of maladjustment, is a presumption with some very weighty implications.

RESEARCH EVIDENCE

The actual research evidence to support the conclusions drawn by researchers and reviewers concerning the impact of the media upon the maladjusted is very weak indeed. For the most part, research data collected on mentally disordered individuals has been done in conjunction with larger studies examining normal populations. In such studies, researchers would notice that the notably undesirable responses to media violence could be attributed to a very small handful of their respondents. Upon further examination, some researchers noted that these respondents had showed signs of obvious mental disorder or social maladjustment. The number of such studies where such relationships have emerged is very small. Furthermore, the actual number of respondents involved in this type of analysis has usually consisted of no more than a few individuals within the larger population of subjects being studied.

Juvenile Extrapolations

Another problem in drawing conclusions from studies such as those mentioned above is that they reflect, to a disproportionate degree, response patterns noted among juvenile subjects.

Under the best of conditions, all researchers know that one generalizes at great peril from the responses and attitudes of juveniles to those of adults. When researchers attempt to extrapolate from the unusual responses noted in a sample of 2 or 3 juveniles exhibiting symptoms of emotional disturbance to the entire adult population, the bounds of creditibility are being stretched beyond reason.

Weight of Opinion

Some opinions have, in the past carried a weight all out of proportion to the quality of evidence which they actually represent. The reference here is to those individuals who have noted that prisoners and juvenile delinquents show a stronger than average preference for media presentations dealing with topics centering on crime and/or violence.⁵

In years past, many prison systems exercised strong censorship over the types of movies which were made available to the inmates. Researchers in the era of the 1930s and 1940s held that violent movies not only taught criminals additional useful criminal techniques, but actually played a role in making these individuals more violent than they already were.⁶ At the time, there was no useful data base to indicate how much media violence an average person - let alone a criminal - preferred. Certainly, aside from considerable conjecture about the matter, there is no specific evidence to demonstrate that violence observed by inmates is anymore likely to encourage them to be more violent, in the long run, than anyone else.

To date then, there is widespread acceptance of the position that mentally disordered and/or socially maladjusted people are more susceptible than average to the violence portrayed in the media. The specific impact about which observers and researchers are concerned has to do with the role which media violence plays in inciting violent action by these fringe groups of the population.

Other Effects

Of course, media violence has been implicated in effecting changes in viewers other than simply an increase in violent behaviour. For example, it is known that among a normal population of viewers, portrayals of media violence on television may bring about increased feelings of anxiety. If this happens to individuals in the general population, what might the effects be on someone who is already so pathologically anxious that they are in a mental institution?

The violence in the media seems as calculated as any carefully constructed advertisement to make the viewer tense, to make the viewer anxious, to thrill the viewer by allowing the vicarious participation in acts of hostility and vengeance. In short, the violence available in the media excites and affects the average person.⁷ What does it do to those who are so mentally disordered or socially mal-adjusted that they have been institutionalized?

PURPOSE

It is the purpose of this study to examine selected institutionalized populations with respect to their attitudes and beliefs concerning violence in society. Of particular interest will be the relationships between these measures and the amount and type of media content which are preferred by institutionalized populations.

A similar study has been carried out on a special sample of individuals drawn from the general population.⁸ This latter group also represents a form of "fringe" population. That is, approximately 50% of those individuals participating in the general population project,

are selected because they exhibit significant symptoms of mental disorder.

It should be emphasized that this is a descriptive/comparative study. In other words, the project design will not enable anyone to draw firm inferences concerning causes and effects. The intent, in other words, is not to demonstrate that exposure to a considerable amount of media violence "causes" the development of socially undesirable attitudes or beliefs. The purpose here is simply to establish whether or not relationships between media use and certain hypothesized effects exist at all. A working assumption is that exposure to a high level of media violence causes people to be more violent than they otherwise would be. As a first step to examining that cause-effect relationship, this initial descriptive project is being conducted. In this project, it is hypothesized that individuals, in the sample who act in a violent manner will report higher exposure levels of media violence than those individuals who exhibit less violent behaviours or inclinations.

Needless to say, the fact that high levels of exposure tend to be associated with high levels of actual violence does not demonstrate that the media caused the violence. Indeed, a history of violence could cause the preference for certain types of media products. Alternatively, both high levels of violence and preference for media violence could be the cause of yet another factor - such as a vitamin or hormone deficiency.

Nonetheless, to simply demonstrate that the predicted relationships exist, whatever the cause, is an efficient and helpful step along the path toward determining causal factors.

DYNAMICS

There is another point which, while it cannot be addressed in the present study, is appropriate to mention for its explanatory value. That is, why should institutionalized populations be more susceptible to influence by the media than any other population?

There are a number of aspects of institutional-living which are important to consider. First it would appear from discussions with with the Directors and staff of mental institutions, that the media are a very important aspect of the patients' or inmates' everyday life. For most institutionalized persons, "time drags". Individuals in institutions often like to work because it gives them something to do. To fill their leisure time is often a problem. Also, to make contact with the world outside of the institution, the media is their "life line".

It is probably reasonable to suggest that there would be considerable disruption in most institutions if, for example, no further access to television sets were allowed and no more weekly movies were to be booked. The strong reaction which undoubtedly would erupt, reflects the importance which the media has in the lives of the institutionalized populations.

From a psychological point of view, it would not seem unreasonable that if the media were highly valued as both a "time filler" and as a contact with the outside world, then close attention would be paid to the content. Furthermore, one might suspect that

since it would be difficult for most institutionalized persons to judge the relative truth or falsity of media presentations against the "real world", there might emerge a dramatically false perception of the world outside of the institution.

When the news is full of commentary on the robberies and attacks in the Toronto area, it is easy for a person to put such media information into perspective if they live and work in downtown Toronto. As most Torontonians would attest, very few of them experience either robberies or attacks. Most individuals are aware of the parts of town and times of day in which one should be wary. By arranging their lives accordingly, urban dwellers perceive their environment as being much safer than perhaps one would who lives outside of the city.

For those individuals who have been institutionalized for some time, the violence in the world outside of their institution, may perhaps begin to acquire more fear-arousing aspects than perhaps are actually justified.

Alternatively, insofar as many problems in media programming tend to be solved by resorting to one form or another of violence, perhaps those individuals who are institutionalized may feel that people have to be aggressive to "get along" in life outside of the institution.

A number of different effects which might be attributed to exposure to media violence have been postulated by various researchers

and writers. Some of the most common effects mentioned in the literature are the following:

- aggressive attitudes and actions
- tolerance, or apathetic attitudes, toward violence
- anxiety or fearfulness concerning violence
- defensive or "victim-like" actions to cope with violence
- distorted beliefs or perceptions concerning the realities or facts about violence-related issues.

These effects will be examined in greater detail in the following chapter.

II - WHAT IS ASSESSED

Frequent reference has been made to the concept of "media effects". The purpose of this chapter is to clarify precisely which effects will be studied, and how the effects are assessed.

At this point, it is also worthwhile to clarify the definition of violence being used for this project. According to Webster's International Dictionary "violence is a force which injures or abuses".¹ Such a meaning of violence includes both personal injury and property damage.

The above constitutes a brief definition of the manner in which the term violence will be used in this report. It is of course recognized that not everyone uses the term in the same fashion. The more extensive definition of the term violence (Appendix A), which has been formulated by the Royal Commission on the Study of Violence in the Communications Industry, is much more detailed and comprehensive than the Webster's definition. This definition, as used by the Royal Commission, is not at all in conflict with the manner in which the term "violence" is used throughout this report.²

THE FIELD SURVEY

The data for this project is collected by means of a field survey. One of the limitations of this technique is that few people will tolerate being interviewed for more than one hour. Therefore, the amount of information which can be collected from any one individual is limited. Second, interviews often take place under semi-private

circumstances or under circumstances where there are numerous distractions. These are not insurmountable problems, as far as encouraging interviewees to speak is concerned. However, these limitations combined with the limited interview time available, means that the number of different concepts one can attempt to measure precisely in any single interview, is bound to be limited. In the social sciences, the accuracy with which a concept is measured is usually a direct function of the amount of time the assessor has, and the amount of attention that the interviewee is willing to devote to the project at hand.

In field surveys then, there are always some limitations as to the precision with which one can measure concepts, and the absolute number of concepts which can be assessed at any one interview.

Of course, the major advantage of field surveys, and the reason why they are used so extensively, is that one can collect information on large numbers of individuals. This is essential if one is to generalize from the findings which emerge from the sample of individuals being interviewed, to the larger populations from which they may be drawn.

AGGRESSIVE ATTITUDES

One of the effects assessed is the degree to which a respondent indicates aggressive or assaultive attitudes or habits. That is, does he or she "blow up" when someone irritates them? Does the individual feel that many of the problems with people could be solved by simply acting in a more assaultive or aggressive fashion? Has this individual ever been arrested or has he or she engaged recently in

physical fights with spouses, friends, or strangers?

There is evidence to demonstrate that assaultiveness or aggressiveness might be the outcome of viewing media violence. Researchers now generally agree, that for both children and adults, observing media violence under the right conditions, can increase the tendency of the viewer to act in an aggressive fashion.³ There is still considerable controversy as to how long these effects last or just how aggressive they can induce someone to become.

The present study attempts to assess a mental state, attitude, or readiness to engage in aggressive activity. There is no opportunity to observe the interviewee's aggressiveness "in action". These self-reported attitudes are, however, supplemented by reports from the interviewee concerning his or her history of violence. That is, each individual is asked about recent physical fights, trouble with the law, and type of crime (e.g. violent or non-violent) for which he or she may have been arrested.

TOLERANCE

A number of writers and researchers have suggested that with continual exposure to media violence, it may be the case that viewers are simply learning to tolerate and accept such media fare.⁴ For example, some researchers have noted that after viewing violent portrayals on film, children were much less likely, immediately thereafter, to attend to, or try to stop, real violence in their immediate environment.⁵ Also, it has been noted that among those television viewers who watch a lot of violence on television, there is much less evidence of physiological arousal and attention to depictions of violence on film, than

among those individuals who do not normally watch such fare.⁶

Of course, in the present project it is not possible to actually observe individuals being tolerant or apathetic toward violence around them. It is, however, possible to assess their attitudes with respect to this issue. For example, do they feel bored or disinterested with the deaths, and "sob" stories of the survivors presented in the media? Do they think that people should mind their own business - so that if a man wants to beat his wife, that's their own problem? Do they just accept the fact that organized crime is going to continue to grow and that there is not much anyone can do about it?

Particularly in institutions, where there may be little to keep people busy, it is conceivable that a lot of time may be spent watching shows, or discussing violence in the news, just to be "one of the group" or to have something to do. Thus, a person who might otherwise be repelled by violence and avoid exposure to media depictions of violence outside of the institution, may develop a tolerant or apathetic response as a means of adaptation to a higher exposure level which may take place within an institution.

ANXIETY

It is quite common for people to develop response patterns which are personally counter-productive. Anxiety is a near-universal response to stressful circumstances. It brings with it so much grief, and so much interference with decision-making, memory, and skilled behaviours that it has been extensively studied.⁷

With respect to the media, it is a well-known technique among researchers to increase the anxiety of viewers for research purposes by simply showing them a violent film.⁸ As in most common laboratory manipulations, it is generally believed that the long-term after-effects of such experimental manipulation of the subjects' emotions is not really a matter of concern. This is assuming, of course, that the subject with whom the researcher is dealing appears, in all respects, to be normally adjusted. As a matter of common-sense and proper ethical practice, no serious researcher would consider attempting such manipulations if the subject gave any evidence of being mentally disordered (unless this subject population were actually being studied, and the researcher was qualified as a clinical therapist to deal with the possible after-effects of such manipulations).

There is reason to believe that a regular diet of media violence, taken in the home, increases anxiety levels of viewers. Of course in this project, there is no attempt to actually take physiological measures or observations while the interviewee watched or read about violence in the media. Rather, the respondent's general level of anxiety and fearfulness with respect to violence are assessed. For example, does the respondent feel that all apartments should have well-trained guards to control who comes in and out? Is it possible that anyone, even your own neighbour, could be the sort of person who turns out to be arrested for a mass killing? Are there more crimes being committed than the police and the media are really telling us about?

It is important to note that at this level, there is only an attempt to identify fearfulness or anxiety without respect to

whether or not the individual actually does anything about these feelings. For example, a woman may feel quite fearful about the prospect of having to walk down a "perfectly safe" street at night. Whether or not she actually lets herself be inconvenienced by this fear - that is whether or not she actually takes action based on her feelings - is another dimension to be studied here, which is called "defensiveness or victimization".

DEFENSIVENESS/ VICTIMIZATION

Researchers have noted that media violence can influence individuals in such a way that they actually learn how to become proper victims of violence and willingly inconvenience themselves to fit their perceptions of the dangers in society around them.⁹

For example, we all learn that during a robbery, the correct procedure to avoid injury or death is to passively comply with the robber's demands. The better we learn our role as a victim, the more easily and with less danger, can the robber pursue his career. While learning the victim's role has distinctive implications for personal survival and health, it does little to discourage the spread of crime violence in society.

On a more constructive note, individuals are likely to take evasive or protection action which may inconvenience them, but which helps protect them from possible encounters with violence.

One of the effects of media violence then, might be to encourage people to take defensive actions or to express an acceptance

of the victim's role if they encounter violence. In this study, these attitudes are assessed by asking respondents if, for example, they sometimes avoid going out to the theatre or to a friend's house because they might encounter a mugger. Are they seriously considering, or do they already have a burglar alarm, or a weapon to protect themselves. Should people learn techniques of self-defence?

Responses to such questions depend, to a considerable extent, upon how much violence the respondent actually believes there is in society. That is, if he or she feels that violent crimes occur relatively frequently, then it seems reasonable to expect that such individuals will take more defensive actions than those who feel that their chances of being involved in crime are rather slight. This issue of the "accuracy of perception" is another area to be studied.

ACCURACY OF PERCEPTIONS

Researchers have pointed out that the environment as presented on television differs in some significant ways from the environment which most of us encounter in our everyday lives. For example, the so-called "average" family portrayed on television would actually have to earn the income of an upper-middle class individual in our society to actually own the material possessions which they do. Also, many more of those average families portrayed on television are headed by a professional, or an executive or business manager than would actually be the case in our own environment. Police and criminals are obviously over-represented on television. Also, in real-life the percentage of crimes which are violent crimes is relatively small - but this is not the case for the types of crimes dealt with on television. In fact,

the actual incidence of violence is much over-stated on television.¹⁰

If one's views on the environment are actually shaped by the depiction of the environment presented in the media, then beliefs such as those noted above can be assessed and compared to actual facts.

For example, the actual number of murders known to have been committed in Metropolitan Toronto can be compared against the estimates of the number of murders committed by those who are exposed to a high level of media violence and those who are exposed to a low level of media violence. If media violence affects perceptions, then one would anticipate that the frequent consumer of media violence would be very likely to over-estimate the actual number of murders committed. Similarly, if the frequent viewer of television violence is asked to estimate the percentage of crimes which are crimes of violence, and is given a figure which is an over-estimate and another figure which is an under-estimate, we would expect such individuals to select most frequently the over-estimate.

MEASURING MENTAL DISORDER

In this project, emphasis is placed upon the perceptions, reactions, and attitudes of institutionalized populations. Those to be studied - by virtue of their being treated or held in either psychiatric facilities or correctional facilities - have earned the classification of being either mentally disordered or anti-social.

As was pointed out in the introduction, there is widespread agreement with the proposition that those who are somehow mentally

disturbed are highly susceptible to the adverse effects of media violence.¹¹ In another project, which drew respondents from the non-institutionalized population, this proposition was tested by examining media patterns and media effects of those who did - against those who did not - exhibit significant symptoms of mental disorder.

In this study of the non-institutionalized population, every respondent completed a questionnaire which was designed to identify those who exhibited symptoms of significant mental disorder. In the project, a questionnaire developed by Dr. D.P. Goldberg was used. This questionnaire has been researched in many different projects in England, the United States, and Canada. Documentation as to its accuracy and validity, relative to that of other existing tests, is readily available.¹²

Although the test was not specifically designed to be administered to institutionalized populations, it was felt that the data collected from respondents in the present project would be more comparable to data collected from the non-institutionalized population if the scores on the mental disorder scale were available.

What is Mental Disorder

As used in this project, "the inability to use one's physical and mental resources is one of the outstanding signs of mental disorder".¹³ In this definition, put forward by Benjamin Wolman, mental disorder is usually manifested as a pattern or irrationality in cognitive processes, emotional disbalance, and social maladjustment. In survey studies such as that undertaken

in the present project, the overwhelming majority of the mentally disordered individuals interviewed, would fall into the latter group.

At the other end of the scale, "mental health is a condition and level of social functioning which is socially acceptable and personally satisfying".¹⁴

How does one identify a mentally disordered individual? In a clinical situation, an interviewer would carry out a systematic inquiry into the symptoms which the patient has reported having in the "last little while". Symptoms of mental disorder include the following:¹⁵

- somatic symptoms (e.g., headaches, constipation)
- fatigue
- sleep disturbance
- irritability
- lack of concentration
- depression
- anxiety
- phobias
- obsessions and compulsions
- sense of depersonalization.

Of course, the number of symptoms, as well as the intensity and persistence of the symptoms are of considerable importance in helping the interviewer make a judgement. In addition, the interviewer would carefully observe the subject and attempt to identify behavioural cues or abnormalities which would suggest a state of

mental disorder. The cues which one looks for include the following:

- slow speech patterns and lacking in spontaneity
- suspicious, defensive
- historonic, prone to exaggeration
- depressed
- anxious, agitated, tense
- inappropriately elated, or euphoric
- flattened or incongruous expression of affect
- depressive thought content
- excessive concern with bodily functions.

Again, these cues are rated with respect to the frequency and intensity with which they appear during the interview.

The content of the interview itself will usually consist of questions concerning family, employment, social and illness histories, current status and recent events or changes in these areas.

For research purposes, it has obviously been necessary that a quick, inexpensive and reasonably accurate screening procedure be developed. Essentially, this means taking standard questions which should be asked in an interview and translating them into a questionnaire format which can then be self-administered or administered by an interviewer who is not a mental health professional. While no questionnaire will be as accurate as the person-to-person contact with a professional, researchers have

found that as long as one is dealing with large numbers of subjects, the misclassification of a few healthy individuals into the mentally disordered category, and vice versa, does not significantly distort the research findings.

This is a 30-item test. One of the items, and the standard response categories from which the respondent selects, appears below:

Have you recently lost much sleep over worry?
(circle one)

- not at all
- no more than usual
- rather more than usual
- much more than usual.

This Goldberg Questionnaire constitutes the last 30 items of a longer questionnaire. Other items on the questionnaire are used to assess media use, media effects, and personal characteristics of the respondent.

THE QUESTIONNAIRE

The questionnaire used in the data collection process contains 138 questions (see Appendix B). Many of the individual items are combined to form scales of concepts discussed in previous chapters - such as aggressive attitudes, or feelings of anxiety or defensiveness. The specific items which have been combined to form scales, and the statistical decisions involved in this process, are discussed in detail in the following chapters.

In keeping with the standards of professional practice and the laws of copyright, the last three pages of the questionnaire are not included here, since they contain the 30 Goldberg items to assess mental disorder.

III - INSTITUTIONAL GROUPS STUDIED

The socially maladjusted and mentally disordered individuals in society are found in a wide variety of institutions. Furthermore, from institution to institution, and indeed within an institution itself, there are many different types or "levels" of individuals. For example, because of location, history, and attitudes of the professional staff, certain psychiatric facilities will tend to treat patients of a much higher socio-economic class than do other facilities. Also, some facilities maintain a very high proportion of seriously disturbed patients, and a very small outpatient department, while in other locations the reverse is true.

INSTITUTIONS SAMPLED

To identify and study a sample of individuals who are representative of institutionalized mental patients would require a very extensive and expensive sample procedure - particularly if one wanted to take into account differences within and between hospitals.

The same problem exists if one proposes to study the criminal population. Not only are there great differences between various training schools, jails, provincial correctional institutions, and federal correctional institutions - but there are many levels or classifications of criminals within each of these institutions.

Sampling Diversity

For the purposes of this study, emphasis was placed upon the collection of data from a diverse population. That is, it was

felt that nothing in particular would be gained by directing all of the available resources to a study of just the mental hospital population, or just the criminal population.

The second decision taken was that there must be some arbitrary selection of sub-groups within the population to be studied. Thus while prisoners from two federal penitentiaries were included in the sample, only those incarcerated for reasons of having committed a violent crime were actually interviewed. Details of the sampling procedure for each group will be discussed in this chapter.

Inmates from federal correctional institutions were drawn from the Millhaven Penitentiary and from the Collins Bay Penitentiary. Inmates from provincial correctional institutions were drawn from the Quinte Regional Detention Centre and from the Niagara Regional Detention Centre.

Adult patients from mental health facilities were drawn from the Oakridges Mental Health facility and from the Penetang Mental Hospital. A juvenile sample from the mental health facility was drawn from the Hincks Treatment Centre in downtown Toronto and the Hincks Farm, located near Collingwood, Ontario.

INTERVIEWING FEDERAL PRISONERS

A total of 91 individuals were interviewed who were incarcerated in the federal correctional institutions at Collins Bay and Millhaven. The Directors of these institutions produced, for the researchers, a list of inmates who had been convicted for committing

a crime of violence. That is, these individuals had been convicted of murder, attempted murder, assault with a weapon, and so on.

At the institution, a correctional officer brought 5 or 6 inmates at one time to the researcher. The project was explained to these individuals, and they were told that they could leave the room if they were not interested in participating. The inmates were assured that their names need not be put on the questionnaire, and that the questionnaires would not be shown to the institutional staff.

During both the explanation and the actual administration of the questionnaire, the correctional officers always waited outside of the research room.

Cooperation

For the most part, the inmates were extremely cooperative. Approximately 15% refused to participate, after listening to the researcher's presentation. The most significant drop-out rate occurred because so many of the prisoners were either away from the prison for court appearances on the day which the interviewer appeared, or were doing jobs which they were not able to leave at the time the research meetings took place. About 30% of those whose names were on the list prepared by the Directors, did not, for the above reasons, meet at all with the researcher.

Of course, all of the inmates knew - after the first one or two research meetings - what the project was about and why it was being done. It was undoubtedly the case that some of those who did not meet with the researcher, did so out of choice rather than because

they were actually unavailable. The correctional officers informed the researchers that some of the individuals on the list did not come to listen to the explanation because they were unable to read or write and did not want to discuss this issue in public.

On the whole, the responses by both the correctional staff and the inmates who did participate, suggest that the researcher was receiving a very high level of cooperation and acceptance, and that cases of genuine obstinacy or disinterest were relatively infrequent.

Administration

Each interviewer was asked to complete his own questionnaire. A few individuals had some difficulties in reading, but the group was always small enough so that the researcher could go from desk to desk and render the necessary assistance.

A number of the inmates who were on lists provided by the Directors, were held in segregation cells. That is, they did not mix with the general prison population, and could not be brought to the research room in groups. Because of time constraints, the researcher was not able to carry out individual interviews with each one of these persons. However, he did complete 12 such interviews, which represented about 50% of those in segregation. All those approached were very cooperative.

The total number of inmates interviewed from federal correctional institutions was 91.

INTERVIEWING
PROVINCIAL PRISONERS

The Directors from the Regional Detention Centres at Quinte and Niagara were also most cooperative in permitting researchers access to the inmate population.

In provincial institutions, all the inmates are sentenced for some period of time which is less than 2 years. On the average, the crimes for which they have been incarcerated are notably less serious than those committed by the federal penitentiary population.

Of course, in some respects, the provincial prisons are only a "temporary home" for some of the inmates. They may be in the midst of various legal processes which will eventually result in their being shifted to a federal penitentiary. For the purposes of this project, any inmates who were probably bound for the federal penitentiary system were not included in the sample.

Cooperation
and Administration

Once again, the inmates took considerable interest in the project. They were extremely cooperative, and only a very small number of individuals refused to participate. Discussions with the correctional officers indicated that the primary reasons for refusals had to do more with the problem of literacy than disinterest.

The administration procedure was identical to that which was carried out in the federal penitentiaries. Again, the interviewer worked individually with anyone who had reading or writing difficulties.

The total number of individuals interviewed at both of the Regional Detention Centres was 100.

ADULT MENTAL PATIENTS

At the Penetang Mental Health facility, 2 wards were surveyed - an active treatment ward and an admitting ward. The staff gathered the patients, after supper, into the lounge areas. Coffee and doughnuts were provided as an incentive to listen. The researcher explained the project and the reasons why there was a strong interest in gaining the participation and cooperation of the patients in mental hospitals.

On each ward, approximately 60% of the available patients completed a questionnaire. Some of the apparently "able" patients refused to participate. However, most of those who failed to participate were either too disturbed to understand what was to be done, or were too sensitive about their inability to read to allow the interviewer or the staff to assist them.

The number of individuals who completed the questionnaires in this location was 40.

Oakridges

At the Oakridges Mental Health facility, the same contact and explanation process was used.

The 4 wards from which the sample was drawn included 1 admitting ward and 3 wards which were made up of those individuals

who were most difficult to work with and were probably least likely to be released in the near future. Many of the individuals on these wards were mentally retarded, and most of them had some reading difficulties.

The patients at Oakridges, in addition to being mentally ill, have been assigned to this facility either because they have been convicted of crimes, or because they have proven to be too assaultive for other mental health facilities to handle safely.

The number of individuals interviewed from the Oakridges facility was 39.

DISTURBED JUVENILES

The Hincks Treatment Centre provides treatment for juveniles who exhibit behaviour and/or emotional problems. There are 2 locations where treatment and schooling are carried out - in downtown Toronto, and on a farm some distance north of Toronto.

The Hincks Treatment Centre emphasizes very close and frequent contact between patients and the staff. Most of the patients attended school within the facility. Treatment and activity programs engage almost the full time of the patients. Unlike those in other institutions, there is little opportunity to "have nothing to do".

Cooperation
and Administration

The staff of the Hincks chose to administer the questionnaire at both the farm and the downtown location. The researchers briefed the staff with respect to some of the problems and difficulties which they might encounter during the course of administering the questionnaire.

There were a few extremely disturbed clients to whom the questionnaire was not given. However, cooperation was generally excellent.

A total of 33 questionnaires were completed at these locations.

IV - DESCRIBING THE INSTITUTIONALIZED POPULATION

The purpose of this chapter is to present those findings from the research which describe the personal characteristics of the respondents from the various populations studied.

The data for the various groups are juxtaposed for purely illustrative purposes. No attempt has been made to carry out analyses to determine the statistical significance of the observed differences. Given the nature of the populations and the manner in which the respective samples were drawn, such analyses would be difficult to justify both conceptually and statistically.

Included in this presentation of data will be the data collected in a related study which utilized a similar type questionnaire for a non-institutionalized population. (Results of this other study are described in detail in the report titled, Violence, The Media and Mental Disorder.)¹ This non-institutionalized population forms the comparison group of interest because it was selected in such a way as to represent what might be referred to as a "fringe" sub-group of the general population. That is, this comparison group was selected in such a way that approximately 50% of the respondents were those who exhibited symptoms of significant mental disorder. Furthermore, the comparison population contains an above-average number of individuals who have been arrested, or who have friends who have been arrested. In short, the criminality and mental disorder which are characteristic of the institutionalized groups are present, in a subdued form, in the non-institutionalized population against which they may be compared.

EXHIBIT 1

AGE

Age levels	Comparison group	Prisoners	Mental Patients	Juveniles
15 years or less	-	-	-	18.5%
16 - 17 years	-	-	-	74.1
18 - 24 years	32.6%	51.9%	32.4%	7.4
25 - 34 years	29.9	30.7	36.5	-
35 - 44 years	10.4	10.6	12.2	-
45 - 54 years	16.2	4.8	8.1	-
55 - 64 years	8.3	1.1	6.8	-
65 years and over	2.6	1.1	4.0	-
TOTAL	100.0%	100.0%	100.0%	100.0%

EXHIBIT 2

SEX

Sex	Comparison group	Prisoners	Mental Patients	Juveniles
Female	59.8%	2.6%	21.5%	33.3%
Male	40.2	97.4	78.5	66.7
TOTAL	100.0%	100.0%	100.0%	100.0%

AGE

The percentage of individuals falling into each category for the total sample studied appears in Exhibit 1.

Note that, as a group, the prisoners tend to be younger than the other two adult groups. This is to be expected since researchers have long known that most of the crimes in our society are committed by those individuals under the age of 35. The distribution of age among the mental patients is very similar to that of the comparison group.

SEX

In Exhibit 2, it is readily apparent that the proportion of female prisoners interviewed was extremely small. In fact, the interviewers made no special efforts to collect data on female prisoners, since an adequate sample of this sub-population would have involved visiting several other institutions. It should be noted moreover that only a small proportion of prisoners in Canada are female.

This over-representation of males in the prisoner group should be kept in mind while examining other differences among the groups. For example, such factors as employment rate, type of occupation, income levels, and so on are factors which are very much influenced by the sex factor.

In the mental patient group, note that males are over represented. This is not characteristic of a typical mental hospital population. However, of the total sample of 79 mental patients, 39 were drawn from a facility which treated only male patients.

EXHIBIT 3

MARITAL STATUS

Marital status	Comparison group	Prisoners	Mental Patients
Married	38.1%	17.5%	18.0%
Common-law marriage	3.8	15.3	5.1
Widowed	4.4	3.7	5.1
Separation	2.8	2.6	5.1
Legal separation	5.1	3.2	2.6
Divorced	4.9	5.3	6.4
Single	40.9	52.4	57.7
TOTAL	100.0%	100.0%	100.0%

EXHIBIT 4

EDUCATION

Educational levels	Comparison group	Prisoners	Mental Patients	Juveniles
Grade school	9.4%	20.9%	35.3%	48.1%
Some high school	24.0	49.2	34.2	51.9
High school	19.1	11.0	16.5	
Some college	22.9	11.0	3.8	
Post high school	4.7	6.3	5.1	
Community college	3.8	1.6	2.5	
University	8.1			
Some post graduate	4.0		1.3	
Post graduate	4.0		1.3	
TOTAL	100.0%	100.0%	100.0%	100.0%

MARITAL STATUS

The data on marital status, which appears in Exhibit 3, indicates that a relatively low percentage of the prisoners were married. However, note that the percentage of those who maintained a commonlaw relationship was much higher than the other two groups. This is a common situation among the prison population.

EDUCATION

In Exhibit 4, note that among both prisoners and mental patients, there was a high proportion of respondents who had not graduated from grade school. This is a common situation among prisoners. In fact, the figure for prisoners is probably somewhat unrepresentative. During the course of administering the questionnaire, one of the primary reasons for refusal to cooperate had more to do with evidence of illiteracy rather than hostility or disinterest.

Among mental patients, the high proportion of individuals who had not completed grade school is not representative of the general mental hospital population. It reflects the limitations on the sampling procedure in one mental hospital. At this location, the interviewers were permitted only to select respondents from those 4 of the 8 wards which housed those patients who exhibited the lowest levels of social competency. These are usually the less intelligent individuals with either more serious forms of mental disturbance or with a cultural or social class background which is manifested in both grossly inappropriate social behaviour and an unwillingness or inability to show significant improvement with treatment or training.

EXHIBIT 5

RACE

Racial category	Comparison group	Prisoners	Mental Patients	Juveniles
Asiatic	2.3%	2.1%	2.5%	9.1%
Negro	4.4	7.9		3.0
Caucasian	90.3	79.4	96.2	69.7
East Indian	1.1	1.1		
Mixed or refused	1.9	9.5	1.3	18.2
TOTAL	100.0%	100.0%	100.0%	100.0%

The nature of the questions asked of respondents required a level of understanding and judgement which meant that no seriously retarded individuals could complete the interview, even with significant assistance from the interviewer. Thus, the sampling procedure dictated that the 39 individuals from this institution represented the best of the worst wards. Nevertheless, a high proportion were illiterate. This will be reflected in subsequent data to be discussed concerning the use of print media.

RACE

In Exhibit 5, the data on racial origin indicates some minor differences among the groups. Note that the category of "mixed, or refused" appears frequently in the prisoners' group and the juveniles' group. With respect to the prisoners' population, the respondents were characteristically open in discussing the question. In most cases, the racial mixture was such that the individual could not be reasonably placed in any of the 4 major categories. With respect to the juvenile group, however, the questionnaires were administered by the staff of the institution in question. The racial issue, being a sensitive one in Canadian society, was apparently regarded by many of the students as being either private or irrelevant information. Thus, in many cases the questionnaire was returned with no response to the question.

INCOME

On the question concerning income, the comparison group was asked a slightly different question than was asked of the institutionalized groups. The latter 2 groups were asked to state their income

EXHIBIT 6

PERSONAL INCOME

Income level	Comparison group	Prisoners	Mental Patients
Up to \$4,000	42.3%	22.3%	55.1%
\$4,001 - \$8,000	24.9	28.0	23.3
\$8,001 - \$14,000	20.7	21.7	13.3
Over \$14,000	12.1	28.0	8.3
TOTAL	100.0%	100.0%	100.0%

EXHIBIT 7

EMPLOYMENT STATUS

Employment Status	Comparison group	Prisoners	Mental Patients
Employed full-time	39.6%	45.5%	31.5%
Employed part-time	17.2	6.3	19.2
Unemployed, looking for full-time work	10.4	20.6	15.1
Unemployed, looking for part-time work	5.0	3.7	8.2
Not working and not looking for work	27.8	23.9	26.0
TOTAL	100.0%	100.0%	100.0%

for the year just preceding their entry into the institution. This can be a highly complex question for many individuals in a institutionalized population. Many of these individuals have been in and out of institutions all their lives, and had never really worked for a full year. Many of them are reasonably young - particularly the prisoners - and this would naturally limit the type of occupation or career that they could have gotten started in before being incarcerated. Of course, the percentage figures which appear in Exhibit 6 are based only upon those individuals who were able to respond to this question.

The mental patients obviously report the lowest levels of income. This finding replicates previous research which demonstrates that, among non-institutionalized individuals who exhibit symptoms of mental disorder, income levels are significantly lower than for those individuals who exhibit no symptomology.²

The prisoners report earning a distinctly higher level of income than the other groups. This is, in a large part, due to the fact that virtually the entire population is male. In the comparison group, it will be recalled, consists of somewhat over 50% females. Employment level among females is not only generally lower than for males, but the levels of income earned by females is typically lower than that earned by males.

EMPLOYMENT STATUS

The data presented in Exhibit 7, concerning employment status also arises from questions which are somewhat differently phrased for those in the institutionalized populations.

For the comparison group, these figures represent the employment status at the time the interview was carried out. For the prisoners and the mental patients, the figures reflect their employment status shortly before being institutionalized. For both of these latter groups, it was explained that this referred to that point in time before they had committed the crime for which they had been incarcerated, or before they had to "see someone" about coming to the mental hospital.

In our society, the ability to find and hold a job are basic criteria used by mental health professionals to determine individuals ability to cope with the demands of his or her environment. Among a group of individuals, the level of employment could reasonably be expected to be a measure of the social adjustment of that group.

As might be expected, there are more individuals in the prisoners' and mental patients' group who were unemployed and looking for full-time work than among the comparison group. While the actual employment rate was highest among the prisoners, it should be kept in mind that these were almost all males, whereas the comparison group consisted of a slight majority of females.

Of particular interest in the prisoners' group is the figure which suggests that a very high proportion of these males were neither working nor looking for work. In Canada, the average level of unemployment among the labour force usually runs between 6% and 9%. Even though one estimates that perhaps 10% of the prison population may have been either too young, or in school, just prior to their prison sentence, this still leaves a very significant proportion of this

EXHIBIT 8

OCCUPATION

Occupational category	Comparison group	Prisoners	Mental Patients
Professional/Technical	22.9%	3.0%	5.1%
Managers	7.9	11.7	2.6
Secretarial (senior)	7.1	-	-
Secretarial (clerical)	15.4	1.0	-
Sales	12.0	2.0	-
Craftsmen	6.4	12.9	15.4
Operatives	5.6	19.8	5.1
Service Workers	11.3	2.0	23.1
Labourers	8.7	44.6	43.6
Household workers	2.7	3.0	4.1
TOTAL	100.0%	100.0%	100.0%

population who were not working. Since only a very small proportion of prison populations are generally considered to be career criminals, one can only assume that prisoners differ significantly from the general population in being either disinterested or unable to find employment. This leaves considerable opportunity, and perhaps creates the inclination, to engage in illegitimate activities.

OCCUPATION

In the comparison group, the occupation in which the respondents were employed at the time of the interview was recorded into 1 of the categories appearing in Exhibit 8. Those prisoners and mental patients who were employed before being institutionalized, were asked what their last job had been and this information was translated into the occupational categories listed in Exhibit 8. In keeping with the lower educational levels noted in both of the institutionalized groups (Exhibit 4, opposite Page IV-3) the proportion of individuals in the category of "labourer" was much higher than for the comparison group population.

Note that the percentage of individuals in the comparison group fall into the professional/technical category is significantly higher than for the other 2 groups. This reflects not only the higher educational level of the comparison group, but is also a function of the sampling procedure. Of those individuals in the comparison group who agreed to submit to the interview, many more contacts in the professional/technical group showed a distinct interest in the project than did those individuals at lower educational levels.

EXHIBIT 9

ASSISTANCE NEEDED FOR PHYSICAL HEALTH

Sought help in past year from medical doctor	Comparison group	Prisoners	Mental Patients	Juveniles
Yes, I should have	7.6%	18.5%	19.5%	21.9
Yes, I actually did	66.9	36.6	42.9	34.4
No	25.5	44.9	37.6	43.7
TOTAL	100.0%	100.0%	100.0%	100.0%

EXHIBIT 10

ASSISTANCE NEEDED FOR MENTAL HEALTH PROBLEMS

Sought help in past year for family problems	Comparison group	Prisoners	Mental Patients	Juveniles
Yes, I should have	9.6%	11.9%	21.8%	13.3%
Yes, I actually did	13.6	19.8	55.1	43.4
No	76.8	68.3	23.1	43.3
TOTAL	100.0%	100.0%	100.0%	100.0%

HEALTH

All respondents were asked if, during the last year or so they had consulted someone about their physical health, mental health, or family problems.

Physical Health

In Exhibit 9, note that a relatively high proportion of the institutionalized populations felt that they should have sought assistance from a medical doctor, but did not. None of the institutionalized groups actually did see a medical doctor about their physical health as frequently as did individuals in the comparison group. For the most part, many of the institutionalized individuals simply indicated that they felt no need to see a doctor.

Mental Health

Respondents were also asked if, during the last year, for reasons of mental health they had seen a psychologist or a psychiatrist.

Exhibit 10 demonstrates the familiar reluctance of individuals in our society to admit that they need assistance for their mental problems. In one of the mental hospitals from which the sample was drawn, there were no voluntary commitments whatever. All individuals were committed because they had either committed criminal acts or because they had proven to be violent or unmanageable in other mental hospitals. In the other mental hospital from which a sample was drawn, one ward was an active treatment ward, but the other ward was an admitting ward. A significant proportion of individuals are usually brought to admitting wards by police for

observation - usually against the will of the patient.

There is a certain reluctance on the part of mental patients, committed against their wishes, to agree to their own need for treatment for psychological problems. Thus, the 23.1% who have seen no need for professional assistance during the past year.

Another common complaint among mental patients is that they simply do not get to see a psychologist or psychiatrist as frequently as they feel they need to. Thus, a certain proportion of mental patients will always report that they should be receiving more treatment, but have not been able to convince either their doctors or the staff of this fact.

As for the juveniles, they are all in attendance - mostly as in-patients - in a centre for emotionally disturbed children. 43.3% reported that they felt no need to seek the assistance of a psychologist or psychiatrist during the past year. Perhaps this is because many of them perceive their problems as behaviour problems, problems involving bad habits, or problems that reside in their family structure rather than in themselves personally.

For purposes of this project, the comparison group was selected from the general population in such a way as to ensure that approximately 50% of the sample would be considered to be "cases" of mental disorder. That is, if actually interviewed by a clinical psychologist or psychiatrist they would be considered to exhibit a level of symptomology which would normally justify professional assistance.

EXHIBIT 11

INCIDENCE OF MENTAL DISORDER

Cases of disorder	Comparison group	Prisoners	Mental Patients	Juveniles
No significant symptomatology	53.7%	55.0%	43.0%	48.5%
Mental disorder	46.3	45.0	57.0	51.5
TOTAL	100.0%	100.0%	100.0%	100.0%

It should be noted that the questionnaire which was used to discriminate between those with and without significant levels of symptomology, was designed for use among a non-institutionalized population. The questionnaire was not designed to identify individuals who exhibit bizarre and extreme psychotic behaviours. Nor is it designed to identify those who, for their own ends, choose to respond to the questions in such a way as to demonstrate that they are perfectly healthy. As Exhibit 11 indicates, approximately 50% of each of the groups studied exhibits a significant level of symptomology.

In itself, the division of each population into "cases" and "non-cases" provides only partial information. Within any group of mentally disordered individuals, there are obviously varying levels of severity of disorder.

Researchers have noted that the Goldberg Questionnaire, which was used for this project to identify mentally disordered respondents, can also be used to give some measure of severity of disorder.³ That is to say, the more symptoms the respondents indicates that he or she has, the more severe the level of disorder is usually judged to be by a clinical psychiatrist or psychologist.

The range of scores on the Goldberg scale is 0 to 30. Considerable research has demonstrated that scores of 4 or less on this questionnaire indicate that the respondent does not exhibit any significant symptoms of mental disorder. A score of 5 or more places the individual in the mentally disordered category. This distinction is useful, from a medical standpoint, for indicating who does or does not need treatment. There is less agreement among

EXHIBIT 12

SEVERITY OF MENTAL DISORDER

Levels of severity	Comparison group	Prisoners	Mental Patients	Juveniles
No disorder (1 or fewer symptoms)	31.8%	35.3%	24.0%	18.1%
Clinically insignificant disorder (2-4 symptoms)	21.9	22.7	19.0	30.3
Moderate disorder (5-12 symptoms)	30.1	24.9	26.6	45.5
Severe disorder (13 or more symptoms)	16.2	17.1	30.4	6.1
TOTAL	100.0%	100.0%	100.0%	100.0%

EXHIBIT 13

ASSISTANCE NEEDED FOR FAMILY PROBLEMS

Sought help in past year for family problems	Comparison group	Prisoners	Mental Patients	Juveniles
Yes, I should have	6.4%	16.5%	23.7%	32.3%
Yes, I actually did	12.1	17.0	31.6	48.4
No	81.5	66.5	44.7	19.3
TOTAL	100.0%	100.0%	100.0%	100.0%

clinicians as to what precise score on the Goldberg Questionnaire discriminates the severely disordered from those who are merely moderately disordered. The data produced by previous researchers, however, suggests that as a rough guideline, scores of 13 and above constitute severe levels of disorder.

At the other end of the scale, it is possible to examine a population in terms of those who have almost a total absence of any symptoms whatever and those who exhibit a few symptoms - but obviously not enough to constitute a significant state of mental disorder. Exhibit 12 indicates the number of individuals in each group who fall into the extreme categories. Note that the distribution of responses for the prisoners and comparison group are very similar. Between 16% and 17% exhibit a severe level of symptomology. However, among the mental patients, note that fully twice as many individuals exhibit severe levels of symptomology and that almost one third fewer in this population than in the other adult populations fall into the lowest levels of symptomology.

Most of the juvenile population cluster in the two middle categories. Since the questionnaire was designed and validated on a adult population, the significance of these scores as they actually reflect levels of disorder among juveniles is of interest - but of questionable value.

Family Problems

In Exhibit 13, the differences among groups are quite marked with respect to the degree to which they perceive themselves needing assistance for family problems. Note particularly the juvenile group

of which only 19.3% felt that they had no need to seek assistance for their family problems. At the other extreme, less than 20% of those in the comparison group felt that they needed assistance for this type of difficulty.

The majority of the mental patients (55.3%) - as reflects the principle that family difficulties are either a precipitating cause, or an outcome of mental disorder - report that they either sought, or should have sought, assistance in dealing with family problems.

EXHIBIT 14

HOURS OF TELEVISION WATCHED PER DAY

Hours per day	Comparison group	Prisoners	Mental Patients	Juveniles
Never	13.0%	15.7%	31.2%	6.4%
1 - 2 hours	50.7	33.0	18.8	39.7
3 - 4 hours	21.7	19.5	15.6	26.9
4 - 5 hours	7.6	9.1	9.4	12.8
6 or more hours	7.0	22.7	25.0	14.2
TOTAL	100.0%	100.0%	100.0%	100.0%

V - MEDIA USE

All respondents were asked questions concerning how much time, or how frequently, they exposed themselves to television, movies, newspapers, magazines, and radio. They were also asked the types of presentations or programs they most preferred, or most frequently attended to, in these media.

It should be noted that among the institutionalized populations, the access to the various media may be limited by institutional regulations or activities. For example, among the juvenile group, approximately half of this sample was located at a residential unit in which television viewing was simply not permitted. This group was simply asked how much television they viewed before institutionalization.

TELEVISION

All respondents were asked to indicate how many hours a day they watched T.V. and to identify the shows which they watched regularly during the past 6 months.

The data on Exhibit 14 suggest that there are large differences in the viewing patterns of the various populations. The juveniles are the heaviest users of television, followed by the prisoners and the mental patients, and lastly by the comparison group.

There is an interesting bi-modal distribution of viewing times for the mental patients. The high percentage of non-viewers possibly reflects the fact that some forms of serious psychiatric

disturbance are manifested in the individual's withdrawal from many forms of external stimuli - of which television is obviously the case here.

The heavy viewing among mental patients is not particularly surprising. Related research has demonstrated that mental disorder is associated with heavy television viewing among non-institutionalized populations.¹

Types of Viewers

Previous research has associated television viewing habits with various personal characteristics of viewers - such as level of mental disorder, educational level, and so on.²

A number of analyses were carried out in an attempt to identify personal characteristics of the prison and mental patient populations which would discriminate the heavy viewer from the light viewer of television. No significant relationships emerged in any of the analyses.

It is probably the case that media use within institutions is a function of certain factors which do not operate in non-institutionalized settings. A common complaint in institutions, for example, is that there is "nothing to do". Thus, it should not be surprising that individuals become heavy viewers who normally would not be inclined to fall into that category outside of the institution.

EXHIBIT 15

TYPE OF TELEVISION SHOWS MENTIONED

Type of show	Comparison group	Prisoners	Mental Patients	Juveniles
Crime (Kojak)	18.6%	23.7%	19.7%	33.3%
Comedy (Mary Tyler Moore)	22.0	19.4	27.3	18.3
Soaps (The Edge of Night)	10.2	2.5	6.1	8.3
News	10.3	5.9	5.3	0.0
Sports	5.8	8.5	9.1	5.0
Movies/Entertainment Specials	8.2	11.6	6.8	8.3
Talk Shows (Johnny Carson)	4.0	1.7	3.0	0.0
Game Shows	3.6	3.9	3.0	1.7
Historical/Drama (The Waltons)	7.6	12.4	6.0	11.7
Educational (Wild Kingdom)	5.6	1.4	3.8	3.4
Musical/Variety (Sonny & Cher)	4.0	9.0	9.9	10.0
Continuous Dramas (Saga)	0.1	0.0	0.0	0.0
TOTAL	100.0%	100.0%	100.0%	100.0%

EXHIBIT 16

PER CENT MENTIONING CRIME/COMEDY/SOAPS

Type of show	Comparison group	Prisoners	Mental Patients	Juveniles
Crime	37.5%	44.5	32.9%	60.6%
Comedy	44.2	36.1	45.6	33.3
Soaps	20.4	10.1	10.1	15.2

Shows Viewed

All respondents were asked the names of the shows which they had viewed regularly during the past 6 months on television. No lists of suggested shows were shown to the respondent, nor did the interviewer suggest either categories or names of popular shows. The types of shows which respondents reported viewing regularly were coded into 12 different categories. These appear in Exhibit 15.

For purposes of analysis, the actual number of crime shows, comedy shows and soap operas was recorded for each respondent. On Exhibit 16, the percentage of individuals in each group reporting one or more of these types of shows is presented. The popularity of crime and comedy shows among all groups reflects the fact that these are among the most popular types of presentations on television today.

The differences between the groups with respect to the preferences they exhibit are interesting. However, any sustained commentary elaborating upon the probable reasons for such differences in viewing preferences would be both highly speculative, and not particularly productive.

It should be emphasized that these data are not necessarily representative of the popularity or frequency with which the various categories of shows are watched among the general population. The nature of the questionnaire was such that everyone was aware of the fact that the study concerned the relationship between media use and violence. This may well have influenced respondents' answers both with respect to the amount of television they watched as well as the type of shows they may watch regularly.

EXHIBIT 17

FREQUENCY OF MOVIE THEATRE ATTENDANCE

Frequency of attendance	Comparison group	Prisoners	Mental Patients	Juveniles
Never	18.3%	13.8%	15.8%	6.3%
1 - 5 per year	43.7	44.4	51.3	18.8
6 - 12 per year	20.8	15.3	3.9	9.4
2 - 5 per month	13.6	19.6	23.7	43.8
6 per month or more	3.6	6.9	5.3	21.9
TOTAL	100.0%	100.0%	100.0%	100.0%

EXHIBIT 18

TYPE OF MOVIE MENTIONED

Type of movie	Comparison group	Prisoners	Mental Patients	Juveniles
Comedy	29.6%	10.8%	12.9%	35.0%
Musical/Disney	11.3	10.1	14.1	0.0
Biographies/Documentaries	7.7	5.1	3.5	0.0
Romance/Drama	23.2	15.2	16.5	5.0
Violence	23.2	53.7	52.9	60.0
Other/Foreign	5.0	5.1	0.0	0.0
TOTAL	100.0%	100.0%	100.0%	100.0%

Attempts were made to relate demographic characteristics or other patterns of media use to such factors as quantity of crime shows or comedy shows viewed by the various institutionalized populations. However, none of the analyses generated any significant findings.

MOVIES

Respondents were asked how often they went to movie theatres and what sort of movies they liked to see the most. Those individuals who were institutionalized, were asked to report on their movie theatre attendance before they had come to the institution.

Within the institution, movies were usually available once or twice a week. For the most part, they were attended not so much out of choice but simply because they represented "the only show in town".

In the data presented in Exhibit 17, note that most adults attend movies 5 or fewer times a year. Mental patients tend to be the heaviest users of this medium among the adult population, but are far out-stripped by the attendance record of the juveniles.

Movie Preferences

Respondents were asked what sort of movie they preferred. Respondents' preferences were coded into the 6 categories noted in Exhibit 18. Note that among the adult populations, the non-institutionalized group reports preferring a much higher percentage of comedies than do the other groups, and reports preferring much less violence than do the other groups. Of course, the interest exhibited

by prisoners for films of a violent nature have been noted by other researchers.³ Among mental patients, the preference for violent themes in the media has been noted anecdotally through contacts which the researcher has had with hospital staff, but has not previously been noted in research.

While the size of the sample involved is too small to suggest that the findings have any major level of significance, it is interesting to recall that preference for crime shows on television is no higher for mental patients than for the comparison group. For the most part, mental patients were reporting on the shows which they had watched since coming to the institution. Reports on movies, and types of movies which one preferred, however, reflected what the institutionalized person had done and preferred before coming to the institution. While it must be emphasized that the data are too scanty to justify more than the most speculative hypothesis, one might perhaps consider for further research the impact which drug treatment or psychotherapy or simply removal to another environment might have upon the mental patients' media preferences.

Types of Violence

Respondents were asked to cite not only the type of movie he or she preferred, but to actually give the name of one or two well-liked movies. These movies were analyzed as to the type of violence - if any - they contained.

For example, violence was considered to be a major theme in the movie The Godfather. The actual type of violence involved was categorized as being "crime violence".

TYPE OF VIOLENT THEME IN MOVIES CITED

Type of violent theme	Comparison group	Prisoners	Mental Patients	Juveniles
Crime (The Godfather)	18.5%	22.8%	14.0%	27.3%
Adventure (westerns)	18.8	20.0	20.0	9.1
Historical (Barry Lyndon, Battle of Midway)	8.1	2.3	14.0	0.0
Humorous (Murder by Death, The Sting)	14.4	8.8	2.0	18.2
Fantasy/Horror (The Exorcist, Frenzy)	17.0	14.4	22.0	27.3
Vigilante (Straw Dogs, Billy Jack)	3.3	11.2	2.0	0.0
Disaster/Nature (Earthquake, Jaws)	7.4	8.8	22.0	18.1
Other (psychological issues, or mixed)	12.5	11.7	4.0	0.0
TOTAL	100.0%	100.0%	100.0%	100.0%

Violence was also considered to be a major theme in the movie The Exorcist. The type of violence involved here, however, was categorized as "fantasy violence". In Exhibit 19, the various types of violence which were represented in the movies cited by respondents are listed.

Note that the most frequent type of violence cited by mental patients involves fantasy/horror and disastrous natural events.

Among prisoners, the most frequently cited type of violence is - perhaps appropriately enough - crime violence.

Juveniles lean toward fantasy/horror violence and crime violence.

NEWSPAPERS

Respondents were asked how frequently they read the newspaper. The differences among the groups are quite striking. Among the comparison group, only 14.4% read a newspaper less frequently than once or twice a week. The figure jumps to 31% among prisoners and 46.1% among mental patients. While there is naturally some disinterest among institutionalized patients on matters concerning current affairs outside of their environment, it should be recalled that a significant proportion of prisoners, and particularly the mental patients, are either illiterate or find it highly troublesome to read. If one were to exclude the functionally illiterate from these institutionalized populations, it is very likely that the distribution of reading habits would not be all that different from the comparison group.

EXHIBIT 20

FREQUENCY OF NEWSPAPER READING

Frequency of Reading	Comparison group	Prisoners	Mental Patients	Juveniles
Never	4.9%	12.3%	25.0	18.2
1 - 3 per month	9.5	18.7	21.1	21.2
1 - 2 per week	18.4	12.8	17.1	18.2
3 - 5 per week	19.1	22.5	21.1	18.2
6 or more per week	48.1	33.7	15.8	24.2
TOTAL	100.0%	100.0%	100.0%	100.0%

EXHIBIT 21

NUMBER OF DIFFERENT NEWSPAPERS READ

Numbers	Comparison group	Prisoners	Mental Patients	Juveniles
None	6.1%	-	20.3%	21.2
1 newspaper	59.4	56.9%	58.2	39.4
2 newspapers	27.4	24.6	19.0	24.2
3 newspapers	5.9	12.0	-	9.1
4 or more newspapers	1.2	6.5	2.5	6.1
TOTAL	100.0%	100.0%	100.0%	100.0%

EXHIBIT 22

	<u>NAME OF NEWSPAPER(S) READ</u>			
Name of newspaper	Comparison group	Prisoners	Mental Patients	Juveniles
The Toronto Star	48.4%	18.0%	56.8%	51.4%
The Toronto Sun	22.0	6.2	8.6	22.9
The Globe and Mail	15.0	7.3	7.4	2.9
The New York Times	8.1	8.4	2.5	14.3
Other Canadian	3.8	56.7	23.5	8.5
Other Non-Canadian	2.7	3.4	1.2	0.0
TOTAL	100.0%	100.0%	100.0%	100.0%

Juveniles, of course, tend to be light newspaper readers - whether they are institutionalized or not. Thus, the figures presented in Exhibit 20 are accurate for the juveniles since there would be virtually no one in this group who would be considered functionally illiterate.

Number of
Newspapers Read

There are many individuals who - when asked to name the paper they usually read - named more than one.

Among the prison population, virtually everyone reported a "favourite" paper, even though many individuals did not read a newspaper regularly. In institutions, note that everyone has free and ready access to a wide variety of papers. As Exhibit 21 indicates, the prisoner group and the comparison group are remarkably similar with respect to the number of newspapers named.

Mental patients name fewer newspapers than the other groups - again reflecting the very real problem with a level of functional illiteracy among this sample.

In Exhibit 22 the name of the newspaper cited is listed. It must be emphasized that these data are in no way representative of the actual readership - on a city- or province-wide basis - of the newspapers cited. The prisoner and mental patient populations have a high level of readership among "other Canadian" newspapers. This is simply due to the fact that the comparison group sample was drawn from the Toronto area, while the correctional institutions and hospital

EXHIBIT 23

PREFERRED SECTION(S) OF THE NEWSPAPER

Preferred sections	Comparison group	Prisoners	Mental Patients	Juveniles
Family-Women/Health	23.1%	13.6%	15.7%	9.4%
Comics/Horoscope/Crossword	8.8	18.2	14.3	12.5
Entertainment/Culture	15.3	3.2	11.4	25.0
Advertisements	5.0	8.4	10.0	6.3
Sports	11.1	27.9	17.0	28.1
Travel	1.7	0.0	2.9	0.0
Business/Financial	3.1	3.3	0.0	0.0
News/Editorials	31.9	25.4	28.7	18.7
TOTAL	100.0%	100.0%	100.0%	100.0%

EXHIBIT 24

FREQUENCY OF MAGAZINE READING

Frequency	Comparison group	Prisoners	Mental Patients	Juveniles
Never read magazines	17.1%	15.6%	17.1%	12.1%
1 magazine per month	27.5	17.2	37.1	18.2
2 - 3 magazines per month	25.7	26.3	18.6	33.3
4 - 5 magazines per month	15.6	10.3	17.1	9.1
6 or more magazines per month	14.1	30.6	10.1	27.3
TOTAL	100.0%	100.0%	100.0%	100.0%

facilities from which the other groups were drawn are located outside of Toronto. As would be expected then, many of these individuals would probably read their home-town newspaper, in addition to the large Toronto dailies.

Preferred Sections

Every respondent was also asked to identify any particular section or sections of the newspaper which they preferred to read. Approximately 20% of the respondents who read newspapers indicated that there was no particular section or sections that they preferred. Of those who did respond to this question, it is clear, from Exhibit 23, that the news and family sections are both frequently cited. Among the prisoners' group - which is virtually all male - there is a strong preference for the sports section. The family section is, nevertheless, still one of the favourite sections even among the prisoner group.

MAGAZINES

The data with respect to the frequency with which magazines are read is presented in Exhibit 24. Note that even with the problem of functional illiteracy that those who indicate they "never read magazines" is very much the same across all groups. Interviewees who were unable to read, or who found reading an arduous task, usually commented that they regularly went through magazines to look at the pictures and to either "puzzle out" the writing or to ask a friend to read it to them.

EXHIBIT 25

NUMBER OF "USUALLY READ" MAGAZINES MENTIONED

Numbers	Comparison group	Prisoners	Mental Patients	Juveniles
Named no magazine	19.6%	20.4%	29.1%	27.3%
1 magazine	18.5	13.6	21.5	24.2
2 magazines	22.1	15.7	19.0	15.2
3 magazines	18.1	21.5	16.5	6.1
4 magazines	10.5	13.1	10.1	12.1
5 magazines or more	11.2	15.7	3.8	15.1
TOTAL	100.0%	100.0%	100.0%	100.0%

TYPES OF MAGAZINES MENTIONED

Types of magazines	Comparison group	Prisoners	Mental Patients	Juveniles
Home/Fashion (McCall's, Cosmopolitan)	22.9%	0.4%	10.8%	12.2%
Special topic (Modern Photography, Road & Track)	15.9	31.1	20.4	26.8
Business (Time, Fortune)	22.9	24.6	17.2	19.5
Romance/Sex (Playboy, True Romance)	8.4	31.1	21.5	12.2
Popular Fiction (Redbook, Readers Digest)	17.9	4.8	23.7	17.1
Intellectual/Educational (Scientific American, Canadian Forum)	10.4	7.6	3.2	12.2
Other (Foreign magazines)	1.6	0.4	3.2	0.0
TOTAL	100.0%	100.0%	100.0%	100.0%

Number of Magazines Mentioned

The respondents were also asked to name the magazines which they usually read. The number of magazines read were counted and this data - for the different groups - appears in Exhibit 25.

Note that a significant proportion of individuals in all groups did not mention the name of any magazines. Typically, such individuals would respond that they never regularly read or purchased any particular magazine but rather would just read anything at hand - usually while they were waiting for someone or something else to happen. There is considerable similarity across all groups with respect to the number of magazines read, although it is clear that the mental patients tend to be the lightest users of this medium.

Types of Magazines

The types of magazines which individuals read was coded into the 7 categories listed in Exhibit 26.

As might be expected of incarcerated, predominantly male populations, the romance/sex category is a favourite among prisoners and, to a lesser degree, among mental patients. Note that the prisoners show little interest for the escapist or fantasy fare which is representative of popular fiction. On the other hand, they are more interested than the other groups in special topic magazines. These represent a different type of fantasy, dealing with the world things, or activities, rather than story-lines of people.

EXHIBIT 27

FREQUENCY OF RADIO LISTENING

Frequency	Comparison group	Prisoners	Mental Patients	Juveniles
Never listen to radio	6.3%	1.6%	8.9%	3.0%
Under 1 hour per day	23.2	13.3	27.8	15.2
1 - 2 hours per day	31.6	19.7	25.3	36.4
3 - 4 hours per day	18.6	23.9	20.3	21.2
5 hours or more per day	20.3	41.5	17.7	24.2
TOTAL	100.0%	100.0%	100.0%	100.0%

RADIO

The data on Exhibit 27 indicate that prisoners are among the heaviest users of radio. This is purely coincidental, however, since in some areas the radio is simply turned on and then piped over a sound system. In institutions in general, the radio does not really represent a medium which reflects very much in the way of personal choice on the part of the listener. Rooms and/or cells are often shared with others and are often in such close proximity to the quarters of other individuals that the notion of preference is likely to reflect the program which the respondent hates least of those to which he must generally listen.

THE HEAVY MEDIA USER

The data presented in the preceding pages clearly indicates that the institutionalized populations often use the media more heavily than does the comparison group of non-institutionalized individuals.

Television

For example, let us assume that anyone who watches television for more than 4 hours a day is a heavy user of that medium. The percentage of individuals from each group in the "heavy use" category is as follows:

- 14.6% comparison group
- 31.8% prisoners
- 34.4% mental patients
- 27.0% juveniles.

Movies

Consider that heavy users of movies attend movies at the rate of 2 per month or more. The data for the various groups can be summarized as follows:

- 27.2% comparison group
- 26.5% prisoners
- 29.0% mental patients
- 65.7% juveniles.

Note that for the prisoners and mental patients, the figures cited are for the period before entering the institution. All other media-use figures refer to the current (in-institution) situation.

Newspapers

Newspapers are an exception. They are obviously of less concern and interest to institutionalized populations. Furthermore, functional illiteracy is a problem within the institutionalized groups. If we consider that reading a newspaper 6 times or more per week constitutes a heavy user of this medium, the data are as follows:

- 48.1% comparison group
- 33.7% prisoners
- 15.8% mental patients
- 24.2% juveniles.

Magazines

Consider that reading 6 or more magazines per month would constitute a heavy user of this medium. If this were the case, the data for the various groups is as follows:

- 14.1% comparison group
- 30.6% prisoners
- 10.1% mental patients
- 27.3% juveniles.

Radio

As for the radio, if anyone listens 3 hours a day or more than they may be considered a heavy user of the medium. The data for this group is as follows:

- 38.9% comparison group
- 65.4% prisoners
- 38.0% mental patients
- 46.4% juveniles.

With the exception of movies, the 2 institutionalized groups have ready access to the same media as do those in the comparison population. As a group, they also have more "time on their hands" than do those in the comparison population. Major differences lie in television viewing - there being twice as many heavy viewers among the institutionalized adult populations as in the comparison group. A second major differences lies in the higher frequency of heavy magazines readers and radio listeners among the prisoner population than among the comparison group.

It is difficult to compare the juvenile group to the adult groups because any differences observed are probably more likely due to the impact of age differences upon media use as upon differences in institutions and reasons for being institutionalized.

VI - AGGRESSION AND ASSAULT

For years, it has been felt by many individuals that exposure to media violence can lead individuals to act in a more violent manner than they otherwise normally would. The question has been subjected to many research studies, but the answers are still far from clear.

There is no question that, under some circumstances, exposure to violent films can induce individuals to act in a more aggressive manner than they normally would.¹ However, there is still considerable controversy surrounding the validity as well as the practical implications of these findings.

One issue of some considerable importance which has been over-looked is that of the impact of media violence upon an individual's attitudes. Actual outright aggressiveness occurs very seldom in our society. Therefore, to study this phenomenon, it is often necessary to create somewhat sterile and unrealistic definitions of violence which can be studied under closely-controlled laboratory situations.

It is just as important, however, to assess an individual's attitudes toward aggression. Of course, this is not to suggest that there is a close relationship between attitudes and behaviours with respect to the dimension of aggressiveness.² Nonetheless, it is not unreasonable to suggest that an individual's perceptions of, and acceptance of, violence in the environment - not to mention the manner in which he or she might actually act under pressure - is not only a reflection of attitudes, but has certain obvious implications for social harmony.

WHAT IS MEASURED

Researchers have noted that there are no existing measurement techniques - which can be used on the general population - to accurately assess the future probability of an individual acting in a violent manner.³ The best predictor of future violent behaviour is a record of past violent behaviour.⁴

In the present project, a number of different approaches were taken to the assessment of the respondent's aggressiveness, or aggressive attitudes. The measurement techniques included the following:

- a series of opinion and "probable behaviour" questions which were designed to discriminate between individuals holding aggressive and those holding non-aggressive attitudes;
- a question concerning the respondent's recent involvement in a physical fight;
- a question concerning the respondent's arrest record;
- assessment as to the degree of violence involved in the crime for which the respondent reportedly was arrested;
- a question concerning the arrest record of the respondent's friends;
- assessment of the above record as to the degree of violence involved in the crime for which the respondent's friend was arrested.

Measurement Validity

In a previous research project, the above techniques were used to assess varying levels of aggressive attitudes among the group which, herein, is designated as the "comparison group".

EXHIBIT 28

AGGRESSIVE ATTITUDES ITEMS

You should not kill someone, if you have the chance, just because they try to rob you of the \$20 you have in your wallet.

If you were a policeman or policewoman, you would solve more crimes by being tough with your suspects and informers, than by being nice.

People usually have to be pushy, aggressive, and tough to be successful in society today.

If someone insults you or cheats you, you should be able to "get back at them" if the police do not do anything.

If someone teases or insults you without reason, you never hit them or threaten to hit them.

You do not lose your temper very easily.

Even if you had the chance, you would probably not try to kill someone who was trying to kill you.

If you had the chance, you would kill someone who was attempting to rob you.

There are a few crooked people in your neighbourhood or at work, who you would like to see get "beat up" to teach them a lesson.

Even if they don't have the evidence, the police usually know who the criminals in a neighbourhood are.

You cannot imagine yourself hurting or killing someone "just for the heck of it".

Every now and then, you get so frustrated that you just feel like "smashing someone".

You have quite a few arguments with people.

You are easy-going until pushed too far, then you explode.

In this research, a number of relationships were found to exist between media use patterns, aggressive attitudes and experiences.

Insofar as there are no standardized measures of aggressive attitudes, it was felt that the data collected in the present project could add some validity to the measurement techniques used. That is, there is every reason to believe that individuals in prison exhibit more aggressive attitudes than those in the general population. In fact, to ensure that this assumption bore some relationship to actual circumstances, approximately one-half of the prison population - those drawn from the federal correctional institutions - had all been incarcerated for committing acts of violence - such as murder, or attempted murder.

Furthermore, approximately one-half of the individuals selected from mental institutions, had been committed due to their having committed acts of violence.

Thus, if the measures used to assess the level of aggressive attitudes among the general population have any validity at all, this should be reflected in the more extreme scores on the various measurement devices used for those individuals in these institutionalized populations.

Attitudes

The items used to assess aggressive attitudes are presented in Exhibit 28.

Respondents were asked to give one of the following responses to each of the questions:

- strongly disagree
- disagree
- agree
- strongly agree.

Note that the questions are worded in such a way that for a respondent to express attitudes which are consistently in the direction of aggressiveness, he or she must give a disagreement response to some questions and an agreement response to other questions. This form of questionnaire construction is a necessary precaution to force the respondent to think about each question before answering it. Otherwise, there is a tendency for respondents to "settle into" the use of one choice and then proceed to use it throughout the questionnaire. Of course, the question reversal technique is also a standard procedure used to eliminate the so-called "agreement" set response pattern.⁵

Each question was scored on a scale of 1 to 4 and then the responses were summed to create a scale score which represents a measure of each individual's aggressive attitudes.

INTER-GROUP COMPARISONS

The mean (average) score, along with the other basic statistical information, was calculated for each of the groups. On this scale, the lower the score, the stronger, or more intense, the aggressive attitudes. The means, and the standard deviations, for each of the groups (in parentheses) are as follows:

EXHIBIT 29

RECENT FIGHTING EXPERIENCE

Had a physical fight in the past month?	Comparison group	Prisoners	Mental Patients	Juveniles
Yes, a stranger	2.7%	14.8%	6.4%	3.0%
Yes, a friend	1.5	7.1	9.0	30.3
Yes, a spouse	1.3	4.4	1.3	
No	94.5	73.7	83.3	66.7
TOTAL	100.0%	100.0%	100.0%	100.0%

EXHIBIT 30

ARREST RECORD

Ever been arrested?	Comparison group	Prisoners	Mental Patients	Juveniles
Yes	14.6%	100%	35.4%	48.4%
No	85.4		64.6%	51.6
TOTAL	100.0%	100.0%	100.0%	100.0%

- 31.901 (5.779) comparison group
- 25.243 (6.050) prisoners
- 24.310 (5.779) mental patients
- 25.424 (6.215) juveniles.

Among the comparison group, it had previously been noted that there is a significant relationship between mental disorder and scores on the aggressiveness scale. That is, those who exhibited significant symptoms of mental disorder, also tended to have the stronger aggressive attitudes.⁶ This relationship between mental disorder and attitudes did not hold for these other groups being studied.

Fighting/Criminality

In Exhibit 29, it is apparent that there are differences between various groups with respect to their reporting having had a physical fight with someone during the month preceding the interview. There is little question that all of the institutionalized groups actually exhibit more physical aggression than the comparison group. The level of aggression among the juvenile group seems to be exceptionally, and perhaps unrealistically, high. It will be recalled that there is very little control over the administration of the questionnaires to the juvenile group. It is extremely likely that the conditions of questionnaire administration by institutional staff may have led the respondents to take the matter somewhat less seriously than if the questionnaire had been administered by a stranger.

The arrest record of the respondents in the various groups is presented in Exhibit 30. The implication here is that aggression

EXHIBIT 31

CRIMINAL EXPERIENCE WITH VIOLENT CRIME*

Type of Crime	Comparison group	Prisoners	Mental Patients	Juveniles
Violent	30.8%	77.6%	84.6%	42.9%
Nonviolent	69.2	22.4	15.4	57.1
TOTAL	100.0%	100.0%	100.0%	100.0%

*Of those who reported being arrested.

is an anti-social act. Being arrested does not necessarily demonstrate that the individual has committed a violent act. However, it can generally be assumed that people are arrested for committing - by definition - anti-social activities. There is reason to believe that willingness to commit one form of anti-social activity is probably an excellent predictor of a willingness to engage in other anti-social activities - such as aggression.⁷

Needless to say, an arrest record certainly does not provide a complete picture of an individual's anti-social inclinations. For example, a significant number of the mental patients interviewed had been transferred from a minimum security to a maximum security mental hospital because they had violently attacked staff or other patients. They would have no criminal record, but were often aware of the fact that they had performed criminal activities.

Violent Crime

The charges on which individuals in the comparison group and in the juvenile group were convicted, were categorized as being either violent or non-violent. Among the prisoners and mental patients, many individuals had been arrested numerous times. Therefore, individuals in these groups were asked specifically if they had ever been convicted of a violent crime, and if so what the specific nature of the crime had been. Per cent reporting violent crimes appears in Exhibit 31.

Because of the manner in which the question was raised to prisoners and mental patients, it should be noted that the percentage of violent crimes reported are not in any way representative of the percentage of all crimes committed which are violent crimes. Recall

that a significant proportion of both the prisoners and the mental patient sample were selected precisely because it was known that they had committed violent crimes.

These data demonstrate that, as anticipated at the outset, the populations against which the attitude scores of the comparison group could be compared, were truly representative of an aggressive/assaultive population.

Detailed studies of the comparison group indicated that there were significant relationships between certain types of media use and actual aggressiveness. Specifically, it was demonstrated that there is a significant relationship between the number of hours of television watched and the likelihood that the viewer had been involved in a physical fight during the past month. Specifically, heavy viewers of television, those who watched over 4 hours a day, engaged in more fights than light viewers of television, those who watched for 2 hours a day or less.⁸

A variety of analyses were carried out with the other groups in an attempt to establish some relationship between personal characteristics and media use patterns. There were very few findings. However, the finding with respect to the relationship between television viewing and physical fighting did emerge. Among the 85 prisoners who watched television for 2 hours a day or less, 15.294% had been involved in a physical fight during the month preceding the interview. Of those 58 prisoners categorized as heavy viewers of television (4 hours a day or more viewing time), 48.276% had been involved in a fight during the preceding month. In short, heavy viewers were more than 3 times likely to have reported being involved in a fight than were

light viewers.

Although the size of the sample of mental patients ($n = 79$) is considerably smaller than the sample prisoners ($n = 191$), the data were remarkably similar. That is, of the 35 individuals categorized as light viewers, 8.571% had been in a fight. However, of those 21 individuals categorized as heavy viewers, 24.810% had been in a fight. Again, chances were roughly 3 times greater that heavy viewers had been in a fight than light viewers.

EXHIBIT 32

ANXIETY/CONCERN ITEMS

The news reports and the police do not tell us about all the crimes that are really happening on the streets of Toronto.

It would be a good idea to just cut back on the money given to the police because we have more protection now than the average person really needs.

The police and the laws in Canada are too tough on offenders.

The police should be given more power.

The way society is going, almost anyone's neighbour nowadays could turn out to be the sort of person the police arrest for a mass killing.

There are a few people around who may try to actually do some of the violent things shown in movies.

People who don't avoid dark streets or disreputable bars, deserve to be robbed or attacked.

Apartment buildings should have well-trained guards by the door who can demand everyone's identification who enters.

Waiting for a subway or a bus late at night is more dangerous than most people think.

VII - ANXIETY/CONCERN

If one perceives the violence in society as getting "out of hand", and does not feel personally able to cope with it, then some expression of concern or anxiety is to be expected. It is important to distinguish between general feelings of anxiety, which can arise from varied sources, and anxiety which stems specifically from the issues of interest to this project - societal violence and personal safety.

It was not felt there would be any particular differences to be observed between the comparison group and the other groups on these measures. However, it was felt that if anxiety/concern was an effect of media use, then this should be reflected among the heavy media users in institutions as well as outside of the institution.

The specific items used in this scale are presented in Exhibit 32. As in the construction of the aggressiveness scale (discussed in the preceding chapter), the questions were constructed in such a way that, for some items, an "agreement" response indicates anxiety, while for other items the obverse is true.

Among the comparison group, it was noted that individuals who are mentally disordered are more likely to exhibit strong attitudes and perceptions of anxiety and concern about violence in society, than are those individuals who exhibit no significant symptomology.¹

This relationship between mental disorder and responses on the anxiety/concern scale, was not duplicated among the institutionalized populations.

EXHIBIT 33

HOUSEBREAKING VICTIMS

Reports of housebreaking	Comparison group	Prisoners	Mental Patients	Juveniles
Yes, my home	19.9%	21.5%	31.6%	27.3%
Yes, other's home	49.9	22.6	12.7	36.4
Yes, my home and other's home	2.7	2.7	1.3	3.0
No	27.5	53.2	54.4	33.3
TOTAL	100.0%	100.0%	100.0%	100.0%

EXHIBIT 34

MUGGING VICTIMS

Ever been mugged?	Comparison group	Prisoners	Mental Patients	Juveniles
Yes, me	12.7%	24.5%	19.0%	6.9%
Yes, other person	36.5	34.4	21.5	27.6
No	48.3	39.1	58.2	58.6
Me and other	2.5	2.0	1.3	6.9
TOTAL	100.0%	100.0%	100.0%	100.0%

INTER-GROUP
COMPARISONS

The average (mean) scores on the anxiety/concern scale, along with the standard deviations (in parentheses) were calculated for each of the groups. The scale is constructed in such a way that the lower the score the stronger, or more intense, the expression of attitudes of anxiety or concern. The scores, and the standard deviations are as follows:

- 11.740 (3.837) comparison group
- 15.175 (4.037) prisoners
- 12.392 (4.776) mental patients
- 12.742 (4.127) juveniles.

Since a number of the items on this scale assess the fear of the respondent of criminal activities, perhaps it is not surprising that the prisoners show somewhat less concern and anxiety about the state of society than do the other groups.

It is interesting to note in passing, however, that criminals are subject just as much or more to criminal activities as are the other groups. For example, Exhibit 33 indicates that those in the prisoner group have been victims of housebreaking as frequently as those in the comparison group.

In Exhibit 34, the prisoners are somewhat notable for being victims of muggers rather more frequently than those individuals in any other group.

EXHIBIT 35

PRISONERS: TELEVISION VIEWING AND ANXIETY/CONCERN

Level of Anxiety	Never				
	1-2 Hours	3-4 Hours	4-5 Hours	6 or More	
Low	3.4	22.2	11.8	16.7	
Medium	10.3	27.8	17.6	23.8	
High	86.2	50.0	70.6	59.5	

EXHIBIT 36

ANALYSIS OF VARIANCE:
PRISONERS' ANXIETY AND TELEVISION VIEWING

Source of variation	df	Mean Square	F	Significance level
A (mental disorder)	1	37.006	2.785	0.093
B (TV viewing)	1	105.773	7.961	0.005
A x B	1	2.700	0.203	0.999
Residual	145	1926.593		

Thus, just because prisoners are, or have been, some of the basic sources of concern and anxiety on the part of the general population, they are also the victims of the conditions which they have contributed to creating.

Media Effects

Among the comparison group, it has previously been demonstrated that heavy viewers of television were significantly more likely to express attitudes which indicated higher levels of anxiety and concern, than were the light viewers.

As Exhibit 35 indicates, this finding was replicated for the prisoners' group. No relationships between this scale and other media use habits for either the prisoners' group, or for the other groups, was noted.

The anxiety/concern scores for the prisoners were also subjected to an analysis of variance. The 2 independent variables consisted of mental disorder and television viewing. As Exhibit 36 indicates, there is a significant effect due to television viewing - which supports the finding mentioned in the preceding paragraph - but no significant effect due to either mental disorder, or to the interaction between mental disorder and television viewing.

EXHIBIT 37

VICTIMIZATION/DEFENSIVENESS ITEMS

When you were not in the institution, did you think about having a gun or some other weapon to protect yourself at the place where you lived?

If you had a car, did you usually lock the doors when you parked?

In Toronto, you should be careful where you walk alone after dark, as some areas of town are quite dangerous.

People should learn techniques of self-defense.

There would be a lot less crime if the average citizen, who could prove he or she could use a gun, were allowed to carry a gun anywhere they wanted.

Walking alone around the main downtown shopping area after midnight is an activity you would recommend as "reasonable and safe" to out-of-town visitors.

You would try to stop, with physical force if needed, a person of your own size and sex from assaulting an elderly, helpless woman.

You do not worry about being robbed when you are carrying a large amount of cash.

You sometimes leave a party or a friend's house early because you worry about being attacked on the street late at night.

A lot of people are afraid to take the subways in Toronto late at night.

In most places you have lived, you would not leave any cash around if you were going out.

VIII - VICTIMIZATION/DEFENSIVENESS

It is important to note that an individual can express anxiety without indicating a clear interest or involvement in taking either corrective or defensive action. That is to say, a person may feel that it is dangerous to ride the subways at night, but go ahead and do it anyway. Or, he or she may feel that the crime rate is too high to justify cutting back on police protection. Nonetheless, this belief need not lead to vigorous lobbying for more police or other actions which would improve or strengthen police protection.

The scale which was constructed to measure anxiety or concern did not include any indication of the response which the respondent felt he or she might take. That is, items concentrated on identifying whether or not the respondent was worried, not on what he or she did about their worries.

The items for the victimization/defensiveness scale are presented in Exhibit 37. All of the items ask, essentially, if the respondent is frequently inconvenienced in attempting to avoid being a victim of criminality or violence.

The scale is constructed in the same manner as other scales previously described - with respect to reversal of items and with respect to the choices of responses available to each person.

EXHIBIT 38

OWNING A WEAPON FOR PROTECTION

Seriously considered having a weapon for protection?	Comparison group	Prisoners	Mental Patients	Juveniles
Have one	6.1%	28.5%	13.0%	9.4%
Yes	16.2	17.2	13.0	25.0
No	74.8	52.2	72.7	65.6
Other	2.9	2.1	1.3	
TOTAL	100.0%	100.0%	100.0%	100.0%

EXHIBIT 39

DEFENSIVE ACTION: CAR LOCKING

Lock car doors?	Comparison group	Prisoners	Mental Patients	Juveniles
Always	73.9%	25.7%	53.8%	82.6%
Valuables inside	12.8	36.6	17.9	8.7
At night only	3.6	8.6	7.7	8.7
Never	9.7	29.1	20.6	
TOTAL	100.0%	100.0%	100.0%	100.0%

INTER-GROUP COMPARISONS

Respondents were asked if they had seriously considered having a weapon in the place where they lived for purposes of protection. For the institutionalized populations, the question was phrased in such a way as to refer to their situation outside of the institution.

Prisoners, as demonstrated in Exhibit 38, are much more likely than any of the other groups to report that they already own a weapon. Even the mental patients are twice as likely as those in the comparison group to report that they already own a weapon. These data, once again, suggest that these institutionalized adult groups hold attitudes which are significantly more inclined toward aggression than do those in the comparison group. One of the other questions concerning defensive actions included asking if the respondents regularly locked the doors on their automobile when parking.

Note that in Exhibit 39, the prisoners locked their car doors very selectively - mostly when they have valuables to protect. It should be recalled that both the prisoners and the mental patients do not necessarily come from the Toronto area. Since car locking is a much more prevalent habit in large urban areas than in the smaller towns, this would perhaps explain much of the differences between the groups. As for the juveniles, many of them are too young to drive, or do not drive regularly. Their response probably reflects more what they believe they would do if they owned a car.

While previous research with the comparison group demonstrated that heavy viewers of television tend to exhibit significantly higher levels of victimization/defensiveness than do light viewers of

television, this finding did not emerge for the institutionalized groups. Similarly, it was noted that among the comparison group, those who frequently attend movie theatres, show significantly less indications of victimization/defensiveness than do those who seldom or never attend the movie theatres. Once again, these relationships were not replicated for the institutionalized groups.¹

EXHIBIT 40

TOLERANCE SCALE ITEMS

You have seen so much violence on T.V., in shows and on news reports, that you find yourself getting bored with it all.

We might as well just get used to the fact that the robbery, the attacks, and other violence in our community is just here to stay.

You have your own troubles, so you do not pay much attention anymore to all the killings reported on the news.

Do you think that the government is making too much of a fuss about the violence in our society?

The spread of organized crime in Toronto will soon be controlled and eventually eliminated by police efforts.

IX - TOLERANCE

Frequent exposure to the media usually means frequent exposure to depictions of violence. As other researchers have suggested, an arousing or "attention getting" stimulus can lose its impact with continued exposure. In the case of violence in the media, this may mean that continued exposure to violent content, can lead to apathy, inattention or tolerance toward both media depictions of violence, as well as the "real life" violence with which one might come into contact.

The primary measure of this dimension was to create a scale consisting of opinion statements concerning the acceptability or importance which respondents attached to violence. Additional questions were concerned with how a respondent felt that he or she might act in the face of "real" violence.

The specific items used in this scale are presented in Exhibit 40. As in the construction of the other scales (discussed in preceding chapters), the questions were constructed in such a way that, for some items, an "agreement" response indicates tolerance, while in other cases, the obverse is true.

INTER-GROUP COMPARISONS

The mean (average) scores on the tolerance scale, along with the standard deviations (in parentheses), were calculated for each of the groups. The scores were scaled in such a way that the lower the score, the more tolerance or apathy the respondent expresses toward

either media violence or "real" violence. These scores are as follows:

- 8.125 (2.286) comparison group
- 6.869 (2.802) prisoners
- 7.089 (2.735) mental patients
- 8.561 (2.738) juveniles.

The above data suggests that the prisoners are the most tolerant with respect to their perceptions of violence. This might well be expected since, of all the groups studied, the prisoners live in any atmosphere which is characterized by overt and covert violence. Indeed, it is probably a rather common adaptation to prison life that one develops a certain level of tolerance for violence.

For the most part, there were no relationships of interest between the scores on the tolerance scale and either mental disorder or media use. This may mean that the scale for measuring tolerance was simply not very sensitive. On the other hand, it could mean that tolerance toward violence is influenced by a myriad of factors - such as humanistic attitudes or a general level of emotional sensitivity - which cut across both media use habits, institutionalization, and one's state of mental health. While, in laboratory settings, there is little difficulty in demonstrating that continued exposure to a stimulus such as media violence will increase level of apathy or tolerance toward such depictions, it should be recalled that media use is largely discretionary. It is certainly conceivable that some individuals who go to horror movies, close their eyes during the most violent or suspenseful parts. People who read newspapers regularly, may simply "tune out" violent content and concentrate on those parts of the paper which most interest them. In other words, people may not

learn to become tolerant of violence simply because they can use a mental mechanism which is well known to both clinical and research psychologists - that of selective perception.¹

EXHIBIT 41

ACCURACY OF PERCEPTIONS SCALE ITEMS

During any given week in Canada, about how many people out of 100 are involved in some kind of violence? Would you say about one person in 100 or about 10 in 100?

In Canada, what per cent of all crimes are violent crimes - like murder, rape, robbery and aggravated assault? Would you say it is 15% or 25%?

In Canada, about what per cent of all males who have jobs work in law enforcement and crime detection - like policemen, detectives, etc. Would you say it is 1% or 5%?

About what per cent of Canadians who have jobs are professionals or managers - like doctors, lawyers, teachers, proprietors, or other executives? Would you say it is 20% or 25%?

X - ACCURACY OF PERCEPTIONS

It has been noted by other researchers that those who are heavy viewers of television tend to exhibit perceptions which more accurately reflect the world as portrayed on television, than the environment in which they actually live.

For example, the media often presents or over-emphasizes an upper-middle class lifestyle which is unrepresentative of society as a whole. Also, there is an over-representation of individuals involved in law enforcement work. And finally, there is certainly an over-representation of both the amount of crime being committed as well as an over-representation of the proportion of crime which is violent crime.

MEDIA-WORLD PERCEPTIONS

In examining the effects which media may have upon viewers, it is possible to examine certain beliefs which people hold concerning certain measureable aspects of society to determine whether or not the respondent's beliefs more accurately represent the "media world" than the "real world".

In Exhibit 41, the items, and the response choices, given to the respondents are presented. In all cases the smaller numbers are representative of the actual or "real life" figure, while the larger number is more representative of the "media world" picture.¹ In other words, those respondents who more consistently choose to answer the question with a smaller number are, on the average, more

EXHIBIT 42

ESTIMATES OF CRIME SCALE ITEMS

A burglary is an illegal break and entry into a factory, a store, an apartment, or a house. In all of Metropolitan Toronto during 1975, do you think that the number of burglaries recorded by the police during 1975 was: 8,275 or 24,825.

A robbery is a crime which takes place in the presence of the victim and in which property or something of value is taken from that individual by use of force. Which of the following numbers most accurately represents the number of robberies recorded by the police in Metropolitan Toronto during 1975: 973 or 2,918.

In certain cases of assault, a weapon is used and the victim is wounded. Which of the following numbers do you think most accurately represents the number of woundings recorded by the police in Metropolitan Toronto during 1975: 215 or 644.

Which of the following two numbers most accurately represents the number of murders recorded by the police in Metropolitan Toronto during 1975: 24 or 72.

Which of the following two numbers most accurately represents the number of rapes recorded by the police in Metropolitan Toronto during 1975: 102 or 306.

Which of the following two numbers most accurately represents the number of simple assaults (these are attacks upon a victim which do not result in robbery, rape, wounding, or murder) upon individuals which were recorded by the police in Metropolitan Toronto during 1975: 3,969 or 11,906.

accurate in their perceptions than those who show a tendency to select the choice with the larger number.

ESTIMATING CRIMINAL OCCURRENCES

A somewhat different technique was used to judge the individual's level of accuracy with respect to the actual frequency with which crimes are committed. In Exhibit 42, the questions concerning types of crime are presented. The two responses to each question were determined through police reports.² The respondent was then asked to choose between two numbers - one of which was half again as small as the true number, and the other of which was half again larger than the true number. For example, if the actual number of times a particular crime was reported as 100, then the respondent was given two choices - one of which was 50 and the other one of which was 150.

In scales of this nature, there is no particular interest in an item-by-item analysis, but rather in the total response pattern which can indicate habitual over-estimation or under-estimation of responses. This technique is useful whenever respondents are likely to have widely-varying perceptions of reality or when they are likely to have no idea what a reasonable answer would be, without guidance from suggested choices.

For those unfamiliar with techniques of questionnaire design, there is often the feeling that the true response should also be offered as a choice. The result of this inclusion, however, is usually that respondents will "over use" the middle number of any sequence of three-number choices when they are uncertain as to the correct answer.

EXHIBIT 43

ESTIMATING INVOLVEMENT IN VIOLENCE

How many people involved in violence per week?	Comparison group	Prisoners	Mental Patients	Juveniles
Accurate estimate	37.3%	37.0%	29.1%	15.2%
Can't say	0.6		2.5	3.0
Inaccurate estimate	62.1	63.0	68.4	81.8
TOTAL	100.0%	100.0%	100.0%	100.0%

EXHIBIT 44

ESTIMATING PROPORTION OF VIOLENT CRIMES

What percent of crimes are violent?	Comparison group	Prisoners	Mental Patients	Juveniles
Accurate estimate	51.2	51.7%	34.2%	24.2%
Can't say			2.5	6.1
Inaccurate estimate	48.8	48.3	63.3	69.7
TOTAL	100.0%	100.0%	100.0%	100.0%

EXHIBIT 45

ESTIMATING PROPORTION OF LAW ENFORCEMENT PERSONNEL

What percent of all males are in the law enforce- ment field?	Comparison group	Prisoners	Mental Patients	Juveniles
Accurate estimate	57.7%	40.9%	30.4%	33.4%
Can't say	0.6		5.0	3.0
Inaccurate estimate	41.7	59.1	64.6	63.6
TOTAL	100.0%	100.0%	100.0%	100.0%

In the present project, the inclusion of this middle number would reduce the variability in the response patterns. Also, because of the known response bias which would occur, a spurious level of "accuracy" would emerge.

INTER-GROUP COMPARISONS

On the question concerning the number of people which would be involved in violence each week across Canada, Exhibit 43 indicates there were very few differences among the groups. The juveniles were the most likely to over-estimate the amount of violence occurring.

With respect to estimations of the proportion of crimes which are violent crimes, Exhibit 44 reflects the data discussed in the preceding paragraph. That is, mental patients and juveniles estimate that a higher proportion of crimes are violent crimes than do respondents in the comparison group or the prisoner group.

On the question concerning the proportion of individuals in our society who are engaged in law enforcement work, it is interesting to note that those who have been most closely involved with crime and the legal processes are the most likely to over-estimate the number of law enforcement personnel in society (Exhibit 45).

In the media, there is often an over-representation of executives, managers and professionals in the society. It has been demonstrated that those who are heavy viewers of television are more likely to over-estimate the proportion of professionals and managers

EXHIBIT 46

ESTIMATING PROPORTION OF MANAGERS IN SOCIETY

What percent of work force are professionals or managers?	Comparison group	Prisoners	Mental Patients	Juveniles
Accurate estimate	70.7%	69.3%	64.6%	63.6%
Can't say	0.5		1.3	6.1
Inaccurate estimate	28.8	30.7	34.1	30.3
TOTAL	100.0%	100.0%	100.0%	100.0%

PRISONERS: ESTIMATES OF CRIME AND TELEVISION VIEWING

Accuracy of estimations	Never watch TV	1-2 hours per day	3-4 hours per day	4-5 hours per day	6 or more hours per day
High	44.9%	19.7%	33.3%	29.4%	14.3%
Medium	37.9	42.6	44.4	41.2	64.3
Low	17.2	37.7	22.3	29.4	21.4
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%

in society than are those who are light viewers of television.

In Exhibit 46, the data suggest that there are very minor differences between all groups with respect to their estimations.

The findings discussed above dealt with perceptions of television viewers on specific topics. The responses to the items displayed in Exhibit 41 (opposite Page X-1), were summed to provide an average measure of accuracy in perception. The distribution of these summed responses was then divided into thirds so that individuals could be classified as being highly accurate, moderately accurate, or low accurate in their perceptions. The same procedure was followed with items displayed in Exhibit 42 (opposite page X-2).

Among the comparison group, it had been demonstrated in earlier research that those who were heavy viewers of television are significantly more likely to fall into the "low accurate" group than are those who are light viewers of television.³

In the present project, there were no significant relationships between responses on the individual items and viewing habits of any of the institutionalized groups. With respect to the summed responses, however, it was noted that for the prisoners, there was a significant relationship between the hours of television watched and the scale scores. As Exhibit 47 indicates, those who watch television for less than an hour per day, 44.8% are "high accurate" respondents. For those who watch 6 hours a day or more, only 14.3% fall into this latter category.

EXHIBIT 48

ACCURACY OF PERCEPTIONS: MEAN SCALE SCORES

	Comparison group	Prisoners	Mental Patients	Juveniles
Estimating criminal occurrences ¹	3.174 (1.604)*	3.353 (1.583)	3.228 (1.936)	2.879 (1.173)
Estimating media world ² facts	1.823 (1.140)	2.016 (0.086)	2.361 (1.248)	2.545 (1.114)

*Standard deviation

¹ scores closest to 3.0 are most accurate

² Lowest scores are most accurate

EXHIBIT 49

ATTITUDES: MEAN SCALE SCORES*

	Comparison group	Prisoners	Mental Patients	Juveniles
Aggressive attitudes	31.901 (5.779)**	25.243 (6.050)	24.310 (5.779)	25.424 (6.215)
Anxiety/Concern	11.740 (3.837)	15.175 (4.037)	12.392 (4.776)	12.742 (4.127)
Victimization/Defensiveness	25.055 (5.938)	20.408 (4.036)	16.500 (4.938)	20.561 (5.313)
Tolerance	8.125 (2.286)	6.869 (2.802)	7.089 (2.735)	8.561 (2.738)

*Lower scores signify more intense attitudes

**Standard Deviation of the distribution

With respect to estimations of the frequency of criminal occurrences, the data suggest very few differences among the groups. Exhibit 48 summarizes the findings with respect to both accuracy of estimating criminal occurrences as well as the accuracy in estimating general levels of violence and the proportion of individuals in various social roles. There are no major differences among the groups. Previous research has demonstrated that the accuracy of estimates decreases as the amount of television viewing increases - among the comparison group. There is a higher proportion of heavy television viewers among the institutionalized groups, than in the comparison group. However, the relationships between viewing patterns and perceptions were either much weaker, or altogether absent among the institutionalized groups than in the comparison group.

OVERVIEW ON ATTITUDES

Exhibit 49 depicts the scale scores for attitudes on the various dimensions measured. These data have been presented individually, in the preceding chapters. The summary table reveals that aggressive attitudes are stronger among the institutionalized groups than in the comparison group. The major difference is on the victimization/defensiveness scale. Mental patients are much more likely to exhibit attitudes of victimization/defensiveness than are those individuals in the comparison group.

XI - OVERVIEW AND CONCLUSIONS

Does exposure to media violence facilitate the development of socially undesirable attitudes and behaviours? Evidence amassed over the last ten years would suggest that the answer to this question is either "probably yes" or "it all depends".

In truth, a simple answer to a question concerning the effects of media violence is not likely to be forthcoming. Few people would deny that media violence is known to have had adverse effects upon some people. Thus, there is a more precise question to be asked. That is - what are the characteristics of types of individuals who are affected adversely by exposure to media violence?

Many researchers have concentrated upon the susceptibility of children to media violence. This has been an easy sub-population to identify. It is a large, and certainly an important, group of people. Also, the research and practical experience of parents and child development experts have given reason to believe that the environment and the psychological stage of development of many children would make them more susceptible, than the average adult, to the adverse effects of media violence.

There are other sub-populations which are sufficiently large and important - in terms of their potential impact upon society - which may also be selectively affected by exposure to media violence. Practical experience by law enforcement professionals, and the clinical and research experience of psychiatrists and psychologists, suggest that criminals and/or patients in mental hospitals, are two "at risk" sub-populations.

There has been a considerable amount of research into the impact of media violence upon children. However, very little research of this nature has ever been conducted on either criminals or mental patients.

PURPOSE

It is the purpose of this study to examine selected institutionalized populations with respect to their attitudes and beliefs concerning violence in society. Of particular interest will be the relationships between these measures and the amount and type of media content which are preferred by the populations being studied.

Specifically, a sample of prisoners, adult mental patients, and children showing signs of serious emotional and/or behavioural disturbance, were studied to determine their respective media use patterns and relationships - if any - between media use and predicted effects in attitudes and perceptions toward violence.

Data collected from a non-institutionalized sample drawn from the general population - but exhibiting a higher than average incidence of mental disorder and anti-social behaviour - will be presented and discussed for comparative purposes. The details of the collection procedures for this latter group are presented in another report, prepared for the Royal Commission on the Study of Violence in the Communications Industry, which is titled Violence, The Media and Mental Disorder.

OUTCOMES

A variety of researchers and writers have suggested that excessive exposure to media violence may have the following effects:

- increase aggressive attitudes and behaviour
- increase anxiety/concern about violence
- increase activities of a victim-like or defensive nature to cope with violence
- increase tolerance for, or apathy toward aggression
- develop and encourage inaccurate perceptions about the amount of violence in society.

In this project, it was noted that responses of all three institutionalized groups were not only similar to one another, but were often similar to a comparison group of non-institutionalized individuals, on measures of the aforementioned attitudes and perceptions.

Some minor differences did emerge. For example, the prisoners tended to hold more aggressive attitudes than did those in the other groups. Also, the prisoners were the group which was most tolerant, or accepting, of violence in their environment.

On the other hand, the non-institutionalized population exhibited slightly more anxiety about violence in society than did the other groups. Mental patients exhibited strongest attitudes of victimization/defensiveness.

The point to be emphasized however is that none of these differences were truly extreme. The most striking finding was that

the groups - although from very different backgrounds and institutions - exhibited such similarity among their attitudes.

With respect to behaviours though, it was clearly the case that all of the institutionalized populations exhibited more aggressive behaviours, and involvement in violent acts than did those in the non-institutionalized group.

Attitudes/Perceptions and Media Use

In previous research on non-institutionalized respondents, a number of significant relationships were noted between various measures of attitudes/perceptions, and media use habits and preferences. These relationships between possible media effects and media use did not emerge for any of the institutionalized groups. That is to say, neither media preferences (e.g., expressed liking for crime shows) nor media use (e.g., heavy television viewing versus light television viewing) showed any marked relationship to attitudes of aggression, anxiety, defensiveness, tolerance, or for patterns of inaccurate perceptions of the environment.

There were some exceptions which might have important implications for society. For example, among the prisoners, heavy television viewing was significantly related to attitudes of anxiety/concern about violence and to inaccurate perceptions (i.e. over-estimation) of the amount of crime occurring in society. The same impact was noted in research of this nature on non-institutionalized groups.

The important difference is that among an institutionalized population, there is little opportunity to "test" the accuracy of one's perceptions. That is, among non-institutionalized populations, there is really very little personal contact with violence, aside from exposure to such occurrences in the media. In a sense, the opportunity to develop a grossly distorted, or pathological, level of anxiety about the danger in society is much limited when one is actually living in society than when one is incarcerated and must acquire all knowledge of "the real world" through the media and through the perceptions of new inmates - many of whom have been incarcerated before committing violent acts.

In a sense, the characteristics of the institutional setting reinforce and support the inmates' distorted perceptions of reality which he or she may acquire through heavy use of the media. The results may very well be that the person who is incarcerated for committing a violent act may be encouraged to develop the perception that the act was not really that serious since his own perceptions, based upon media content, would suggest that "everybody's doing it".

Also, among both mental patients and prisoners, heavy television viewers were more likely to report having recently been in a physical fight than were light television viewers. Again, this finding is identical to that noted among the non-institutionalized population.

As for media use, an examination of media preferences indicates that - at least among prisoners and emotionally disturbed juveniles - there is a somewhat greater preference for crime programs on television than experienced by either the non-institutionalized population or the adult mental patients.

There was also a somewhat greater proportion of individuals in all of the institutionalized groups who were heavy viewers of television (e.g., four hours or more per day) than in the non-institutionalized group.

It had been predicted that perhaps the level of mental disorder within the institutionalized populations might be related to either media preferences and use, or to the attitudes and perceptions being measured. Regardless of the nature of the institution, it was predicted that individuals exhibiting higher levels of mental disorder would be more susceptible to the effects of media violence, or exhibit different media preferences than those with no symptoms of disorder.

A number of relationships between media use and mental disorder were noted among the non-institutionalized group. However, no relationships of note were observed among the institutionalized populations.

CONCLUSIONS

There is ample evidence in previous research to suggest that exposure to media violence does have an undesirable impact upon certain individual's attitudes, perceptions, and behaviours. Who are these individuals? Are they the criminals? Are they psychologically disturbed?

The data collected for this project suggest that certain types of heavy media use - notably television consumption - may have a number of undesirable effects upon users. Mental patients and prisoners show somewhat the same effects noted among individuals who are not institutionalized. The fact, however, that in institutions, it is difficult for inmates to "test" their perceptions or attitudes about society, can only make it all that more difficult to achieve positive steps toward rehabilitation.

The fact that fewer relationships were noted between media use and attitudes among the institutionalized populations than among the non-institutionalized populations can be interpreted in many ways. For example:

- institutionalized populations are less susceptible to media impact than are non-institutionalized populations
- there are so many other aspects of the institutional environment which can influence the attitudes and perceptions being measured that the specific relationships to media use are difficult to single out
- since media exposure and preferences are often determined by institutional staff/group decision, heavy media users in institutions may be exposed to different content than they would personally select if not in the institution
- the reasons for becoming a heavy media user in an institution may be dramatically different from the reasons one becomes a heavy media user outside of the institution. In institutions, the television room is where one can seek social contact. Outside of the institution, the situation is reversed

- researchers have long known that the impact of a communication upon an individual is very much dependent upon the reactions of the group the individual is in when he or she receives the communication. In institutions, media consumption is often a group affair - and most of the group would be light media users. Therefore, the attitudes and perceptions of the latter would countermand the effects noted on heavy media users in non-institutionalized (and non-group) settings.

The data did not enable us to select among the foregoing alternatives. It will be recalled that the original project was simply designed to determine whether or not media use patterns and preferences within selected institutionalized populations could effect certain attitudes and perceptions. No consistent pattern of relationships were identified.

It must be emphasized that this research project has emphasized a study of group behaviour, since it is general principles or generalizations at which a project has been aimed. It may very well be the case that specific individuals within the institutionalized populations studied - and indeed within the non-institutionalized populations studied - are profoundly affected, in a socially undesirable manner, by depictions of media violence. Their media experiences may very well precipitate self-destructive or other forms of dangerous and undesirable behaviour. It happens. The problem is that even within institutional environments where inmates are closely observed - and where information on criminal, social, and psychological history is available - neither security staff nor mental health professionals can predict who will be so affected.

In sum, researchers have demonstrated that media violence has observable, measureable, and short-term effects upon some individuals. "Real life" experiences have demonstrated that such effects can have dire consequences for some individuals. It has been suggested that the mentally unstable or the criminal are, on the average, more susceptible to such media effects than the average person. The findings from this project do not support such a notion.

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APPENDIX A

ROYAL COMMISSION ON VIOLENCE: HOW WE DEFINE VIOLENCE



The Hon. Judy LaMarsh, P.C., Q.C., LL.D.
Chairman
His Honour Judge Lucien Arthur Beaulieu
Member
Scott Alexander Young
Member

The Royal Commission on Violence in the Communications Industry

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HOW WE DEFINE VIOLENCE:

The Nature of Violence

Violence is action which intrudes painfully or harmfully into the physical, psychological or social well-being of persons or groups.

Violence or its effect may range from trivial to catastrophic.

Violence may be obvious or subtle.

It may arise naturally or by human design.

Violence may take place against persons or against property.

It may be justified or unjustified, or justified by some standards and not by others.

It may be real or symbolic.

Violence may be sudden or gradual.

The Nature of Media Violence

Violence depicted in film, television, sound, print or live performance, is not necessarily the same as violence in real life.

Things not violent in reality may be violent in their portrayal.

Violence presented in the media may reach large numbers of people, whereas real violence may not.

The media may use many artificial devices to lessen or to amplify its emotional and social effects.

Violence depicted may do harm the original violence may not have done - or it may have no impact at all.

APPENDIX B

SURVEY QUESTIONNAIRE

CONFIDENTIAL

A STUDY OF MEDIA and ATTITUDES

Survey Data Collected By:

RENNER & ASSOCIATES

1027 Yonge St., Suite 103
Toronto, Canada, M4W 2K9

MEDIA STUDY

EXPERIENCE: We want to study what you think about the things you see on T.V., at the movies, or in the newspaper.

VIOLENT EVENTS: In the last little while, did you see a show or a news report where something especially violent happened? For example, you may remember things like people fighting, or someone being kidnapped, or hurt. Or, you might remember the destruction of cities by earthquakes or fires.

WHAT AND WHERE: Write down, in a few words, the violent event that you remember. Say where you saw it--in the paper, T.V., movies, or radio. Was is something on the news? a T.V. series? a special documentary? What exactly was the thing you remember--someone getting hurt, or what?

1A. WRITE HERE: _____

2A. FEELINGS AND ACTIONS: Here are some words which describe feelings and actions. Circle the number next to those words that describe how you felt or acted while you were watching, or listening to, or reading about, the violent event.

- | | | |
|-----|--|---|
| (a) | felt absolutely nothing | 1 |
| (b) | mad | 1 |
| (c) | close to tears | 1 |
| (d) | calm | 1 |
| (e) | frustrated | 1 |
| (f) | amused | 1 |
| (g) | excited | 1 |
| (h) | felt like leaving the room | 1 |
| (i) | "on-edge" | 1 |
| (j) | bored | 1 |
| (k) | ashamed | 1 |
| (l) | kept looking away | 1 |
| (m) | thrilled | 1 |
| (n) | nervous | 1 |
| (o) | could not take my eyes away from the picture.. | 1 |
| (p) | upset | 1 |
| (q) | disgusted | 1 |

3A. EFFECTS: After seeing and hearing about the violent event, I

(a) worried about the terrible things that could happen to me someday (circle the number by your choice on this, and the following questions)

- more than usual 1
- same as usual 2
- less than usual 3
- not at all 4

(b) worried that wherever I go to live when I get out of here, could be pretty dangerous.

- more than usual 1
- same as usual 2
- less than usual 3
- not at all 4

(c) thought about the fact that nobody can really do anything about most of the terrible things happening in the world

- more than usual 1
- same as usual 2
- less than usual 3
- not at all 4

(d) realized that those people who try to be heroes usually end up getting hurt

- more than usual 1
- same as usual 2
- less than usual 3
- not at all 4

(e) thought about things like buying better door locks, or getting a weapon, to protect myself, my family, or my property when I get out of this place

- more than usual 1
- same as usual 2
- less than usual 3
- not at all 4

(f) felt that I could get more enjoyment out of life if I pushed people around more and wasn't so easy-going.

- more than usual 1
- same as usual 2
- less than usual 3
- not at all 4

MEDIA USE:

1B. T.V.: How many hours a day do you watch T.V.?

never	1
1-2 hours	2
3-4 hours	3
4-5 hours	4
6 or more	5

2B. During the past six months, what shows have you watched regularly on T.V.? (LIST)

3B. MOVIES: How often did you go to movies when you were not in an institution?

never	1
1-5 per year	2
6-12 per year	3
2-5 per month	4
6 per month or more	5

4B. What sort of movies did you like to go to most? What were the names of some movies you really liked?

5B. NEWSPAPERS: How often do you read a newspaper?

never	1
1-3 per month	2
1-2 per week	3
3-5 per week	4
6 per week or more	5

6B. Do you prefer any special sections?

7B. Which newspaper do you usually read?

Toronto Star	1
Sun	2
Globe and Mail	3
Which other ones?	4

8B. MAGAZINES: How often do you read magazines?

never	1
1 per month	2
2-3 per month	3
4-5 per month	4
6 per month or more	5

9B. Which magazines do you usually read?

10B. RADIO: How many hours a day do you listen to the radio?

never	1
under 1 hour	2
1-2 hours	3
3-4 hours	4
5 hours or more	5

11B. What types of programs do you listen to most often?

rock music	1
middle of the road music, or country music ..	2
news programs	3
sports	4
other (specify)	5

INDIVIDUAL:

1C. EMPLOYMENT: Just before you last came to an institution, did you have a job?

Employed Full-Time (35 hrs. wk. or more)	1
Employed Part-Time	2
Unemployed, and looking for full time work	3
Not employed, looking for part-time work	4
Not employed, and not looking for work	5

2C. If you did have a job before coming to an institution, what kind of work did you do? What was the name, or the title, of the job?

3C. If you didn't have a job just before coming in to the institution, how long had you been unemployed?

- less than 1 week..... 1
- 1 to 3 weeks 2
- 4 to 8 weeks 3
- 9 to 25 weeks 4
- over 6 months 5
- never worked full-time..... 6

4C. What kind of work did you do on your last full-time job? If you answered question 2C., leave this space blank.

5C. If you don't count weekends, or short vacations, how long has it been since you were last at home, or on the street?

_____ months

The following few questions refer to your friends and activities IN THIS INSTITUTION, not outside.

1D. SOCIAL/LEISURE: Would you like to see your friends:

- more than you do now..... 1
- about the same as now 2
- less than now 3

2D. Think for a moment about those people, including relatives, whom you consider to be really close friends - those whom you can talk to about serious or important things. How many of these friends would you say you have?

- none 1
- 1 2
- 2 3
- 3 to 4 4
- over 4 5

3D. During the past week, about how much time did you spend on each of these activities?

- (a) watching television hours _____
- (b) listening to radio hours _____
- (c) going to movies hours _____
- (d) indoor games (cards, checkers) hours _____
- (e) working in the institution..... hours _____
- (f) writing letters..... hours _____
- (g) going to class..... hours _____
- (h) participating in sports hours _____
- (i) reading hours _____
- (j) studying..... hours _____
- (k) just talking to friends (here)..... hours _____
- (l) hobbies (please say what) hours _____
- (m) seeing visitors..... hours _____
- (n) listening to record player or stereo.. hours _____
- (o) other hours _____

1E. FAMILY: What is your marital status?

- Married 1
- Common-law marriage 2
- Widowed 3
- Temporary/casual separation 4
- Legal separation 5
- Divorced 6
- Single 7

2E. (Unmarried) Before coming to the hospital, did you go out on dates?

- Yes, usually with the same person 1
- Yes, with several different people 2
- Yes, but very seldom 3
- No, not really interested 4
- Other (specify) 5

1F. AGE: What age were you on your last birthday?

- 18 to 24 years 1
- 25 to 34 years 2
- 35 to 44 years 3
- 45 to 54 years 4
- 55 to 64 years 5
- 65 and over 6
- 16 to 17 years 7
- Under 16 years of age 8

1G. SCHOOL: How much formal schooling have you had?

Grade school or less	1
Some high school	2
Completed high school	3
Some college or university	4
Other post high school training (trade school) ...	5
Completed community college	6
Completed university	7
Some post graduate work	8
Completed post graduate degree	9

1H. INCOME: When you were not in an institution, about how much money did you make in a year (include welfare cheques, gambling wins, self-employment, and jobs)

Up to \$4,000	1
\$ 4,001 to \$ 6,000	2
\$ 6,001 to \$ 8,000	3
\$ 8,001 to \$10,000	4
\$10,001 to \$14,000	5
\$14,001 to \$18,000	6
\$18,001 to \$22,000	7
\$22,001 to \$26,000	8
\$26,001 or over	9

2H. RACE: What is your race?

Asiatic	1
Negro	2
Caucasian	3
East Indian	4
Other (specify)	5

1I. SEX:

Female	1
Male	2

1L. When you were not in the institution, did you think about having a gun or some other weapon to protect yourself at the place where you lived?

had one already	1
yes	2
no	3
other (specify)	4

- L2 If you had a car, did you usually lock the doors when you parked?
- | | |
|------------------------------|---|
| always | 1 |
| if had something inside..... | 2 |
| at night only | 3 |
| never | 4 |
| have not had a car | 5 |

EVENTS: In each of the following questions, always circle just one of the two possible choices offered.

- L3. During any given week in Canada, about how many people out of 100 are involved in some kind of violence? Would you say about one person in 100 or about 10 in 100?

1 in a 100 1 10 in a 100 2

- L4. In Canada, what percent of all crimes are violent crimes - like murder, rape, robbery and aggravated assault? Would you say it is 15% or 25%?

15% 1 25% 2

- L5.. In Canada, about what percent of all males who have jobs work in law enforcement and crime detection - like policemen, detectives, etc. Would you say it is 1% or 5%?

1% 1 5% 2

- L6. About what percent of Canadians who have jobs are professionals or managers - like doctors, lawyers, teachers, proprietors, or other executives? Would you say it is 20% or 25%?

20% 1 25% 2

- L7. A burglary is an illegal break and entry into a factory, a store, an apartment, or a house. In all of Metropolitan Toronto during 1975, do you think that the number of burglaries recorded by the police during 1975 was:

8,275 1
24,825 2

- L8. A robbery is a crime which takes place in the presence of the victim and in which property or something of value is taken from that individual by use of force. Which of the following numbers most accurately represents the number of robberies recorded by the police in Metropolitan Toronto during 1975:

973 1
2,918 2

L9. In certain cases of assault, a weapon is used and the victim is wounded. Which of the following numbers do you think most accurately represents the number of woundings recorded by the police in Metropolitan Toronto during 1975:

215	.....	1
644	.....	2

L10. Which of the following two numbers most accurately represents the number of murders recorded by the police in Metropolitan Toronto during 1975:

24	.....	1
72	.....	2

L11. Which of the following two numbers most accurately represents the number of rapes recorded by the police in Metropolitan Toronto during 1975:

102	.....	1
306	.....	2

L12. Which of the following two numbers most accurately represents the number of simple assaults (these are attacks upon a victim which do not result in robbery, rape, wounding, or murder) upon individuals which were recorded by the police in Metropolitan Toronto during 1975:

3,969	.....	1
11,906	.....	2

M1. INVOLVEMENT: Have you, or anyone you know, ever been mugged, robbed, or attacked on the street?

(1) yes, me	1
(2) yes, other person	2
(3) no	3

M2. Has the place where you lived ever been broken into?

(1) yes, my place.....	1
(2) Yes, the place of some I know.....	2
(3) no	3

M3. Have you had a physical fight either in here or on the street, during the past month with any of these people?

(1) yes, stranger	1
(2) yes, friend	2
(3) yes, spouse	3
(4) no fights in past month.....	4

M4. Have you ever been arrested for hurting someone, or for attempting to hurt them?

Yes 1
No 2

M5. If you answered the above question with a "Yes", what were you charged with?

Do not wish to say
Write here _____

M6. If you were ever arrested for anything else, would you write down here what you were charged with.

Write here _____

M7. How many times have you been arrested (whether convicted or not) _____

OPINIONS: Different people seem to have very different opinions on how dangerous, or how safe, our community is. We have heard people say things like you will read below. If you agree very strongly with the statement, circle the "SA" under the statement. If you agree, but not too strongly, circle the "A". If your opinion is one of mild disagreement, circle the "D". If you strongly disagree, circle the "SD".

For example, suppose one of the statements were:

"The instructions for this questionnaire are hard to understand"

(1) SA (2) A (3) D (4) SD

I hope that you would circle the SD to show that you strongly disagree.

Remember then:

Strongly agree = SA
Somewhat agree = A
Somewhat disagree = D
Strongly disagree = SD

N1. OPINION STATEMENTS: The news reports and the police do not tell us about all the crimes that are really happening on the streets of Toronto.

(1) SA (2) A (3) D (4) SD

N2. You have seen so much violence on T.V., in shows and on news reports, that you find yourself getting bored with it all.

(1) SA (2) A (3) D (4) SD

N3. We might as well just get used to the fact that the robbery, the attacks, and other violence in our community is just here to stay.

(1) SA (2) A (3) D (4) SD

N4. You should not kill someone, if you have the chance, just because they try to rob you of the \$20 you have in your wallet.

(1) SD (2) D (3) A (4) SA

N5. In Toronto, you should be careful where you walk alone after dark, as some areas of town are quite dangerous.

(1) SA (2) A (3) D (4) SD

N6. You have your own troubles, so you do not pay much attention anymore to all the killings reported on the news.

(1) SA (2) A (3) D (4) SD

N7. If you were a policeman or policewoman, you would solve more crimes by being tough with your suspects and informers, than by being nice.

(1) SA (2) A (3) D (4) SD

N8. People should learn techniques of self-defense.

(1) SA (2) A (3) D (4) SD

N9. Do you think that the government is making too much of a fuss about the violence in our society?

(1) SA (2) A (3) D (4) SD

N10. There would be a lot less crime if the average citizen, who could prove he or she could use a gun, were allowed to carry a gun anywhere they wanted.

(1) SA (2) A (3) D (4) SD

N11. It would be a good idea to just cut back on the money given to the police because we have more protection now than the average person really needs.

(1) SD (2) D (3) A (4) SA

N12. The police and the laws in Canada are too tough on offenders.

(1) SD (2) D (3) A (4) SA

N13. People usually have to be pushy, aggressive, and tough to be successful in society today.

(1) SA (2) A (3) D (4) SD

N14. The police should be given more power.

(1) SA (2) A (3) D (4) SD

N15. If someone insults you or cheats you, you should be able to "get back at them" if the police do not do anything.

(1) SA (2) A (3) D (4) SD

N16. Waiting for a subway or a bus late at night is more dangerous than most people think.

(1) SA (2) A (3) D (4) SD

N17. Walking alone around the main downtown shopping area after midnight is an activity you would recommend as "reasonable and safe" to out-of-town visitors.

(1) SD (2) D (3) A (4) SA

N18. The people in here are not much different from most people on the outside.

(1) SA (2) A (3) D (4) SD

N19. The spread of organized crime in Toronto will soon be controlled and eventually eliminated by police efforts.

(1) SD (2) D (3) A (4) SA

N20. The way society is going, almost anyone's neighbour nowadays could turn out to be the sort of person the police arrest for a mass killing.

(1) SA (2) A (3) D (4) SD

N21. There are a few people around who may try to actually do some of the violent things shown in movies.

(1) SA (2) A (3) D (4) SD

N22. The murders and fights and other violence seen on T.V. and movies probably cause people to be more violent than they otherwise would be.

(1) SD (2) D (3) A (4) SA

N23. People who don't avoid dark streets or disreputable bars, deserve to be robbed or attacked.

(1) SA (2) A (3) D (4) SD

N24. Apartment buildings should have well-trained guards by the door who can demand everyone's identification who enters.

(1) SA (2) A (3) D (4) SD

ACTIONS: The following statements refer to actions some people do, or believe they may do. Using the same system of circling letters as before, show if you agree or disagree that you act in the way described in each statement. Remember:

Strongly agree = SA
Somewhat agree = A
Somewhat disagree = D
Strongly disagree = SD

01. ACTION STATEMENTS: You would try to stop, with physical force if needed, a person of your own size and sex from assaulting an elderly, helpless woman.

(1) SD (2) D (3) A (4) SA

02. If someone teases or insults you without reason, you never hit them or threaten to hit them.

(1) SD (2) D (3) A (4) SA

03. You do not worry about being robbed when you are carrying a large amount of cash.

(1) SD (2) D (3) A (4) SA

04. You usually avoid going out at night alone because there is a chance you may be attacked.

(1) SA (2) A (3) D (4) SD

05. You sometimes leave a party or a friend's house early because you worry about being attacked on the street late at night.

(1) SA (2) A (3) D (4) SD

06. A lot of people are afraid to take the subways in Toronto late at night.

(1) SA (2) A (3) D (4) SD

07.. In most places you have lived, you would not leave any cash around if you were going out.

(1) SA (2) A (3) D (4) SD

09. You do not want to carry a gun or some other weapon to protect yourself.

(1) SD (2) D (3) A (4) SA

010. You have learned a few good self-defense tricks by watching television or movies.

(1) SA (2) A (3) D (4) SD

011. You do not lose your temper very easily.

(1) SD (2) D (3) A (4) SA

012. Even if you had the chance, you would probably not try to kill someone who was trying to kill you.

(1) SD (2) D (3) A (4) SA

013. If you had the chance, you would kill someone who was attempting to rob you.

(1) SA (2) A (3) D (4) SD

014. There are a few crooked people in your neighbourhood or at work, who you would like to see get "beat up" to teach them a lesson.

(1)' SA (2) A (3) D (4) SD

015. Wealthy people probably don't worry as much as poor people about getting robbed.

(1) SD (2) D (3) A (4) SA

016. Even if they don't have the evidence, the police usually know who the criminals in a neighborhood are.

(1) SA (2) A (3) D (4) SD

017. You cannot imagine yourself hurting or killing someone "just for the heck of it".

(1) SD (2) D (3) A (4) SA

018. Every now and then, you get so frustrated that you just feel like "smashing someone".

(1) SA (2) A (3) D (4) SD

019. You have quite a few arguments with people.

(1) SA (2) A (3) D (4) SD

020. You are easy-going until pushed too far, then you explode.

(1) SA (2) A (3) D (4) SD

021. You have more trouble with your "nerves" than most people.

(1) SA (2) A (3) D (4) SD

HEALTH ATTITUDES: During the last year or so, do you feel that you should have consulted someone about your:

Q1. Physical Health (M.D., surgeon)

Yes, should have	1
Yes, actually did	2
No	3

Q2. Mental Health (psychiatrist, psychologist)

Yes, should have	1
Yes, actually did	2
No	3

Q3. Family Problems (social worker, minister)

Yes, should have	1
Yes, actually did	2
No	3

